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NORFOLK COUNTY COUNCIL



Annual Report

of the

COUNTY MEDICAL OFFICER
FOR 1966



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PREFACE

The estimated mid-year population of the administrative county was 414,980, an increase of 7,270 compared with 1965. Two-thirds (4,840) of this expansion occurred in the rural districts with nearly 4,000 of the increase accounted for by the three rural districts around Norwich, i.e., Blofield and Flegg, Forehoe and Henstead and St. Faith's and Aylsham. The other rural districts were credited with slight increases in their estimated mid-year populations apart from Docking, which had the same population as the previous year, and Downham and Walsingham where the populations were slightly less. Only one-third (2,430) of the county increase in population took place in the municipal boroughs and urban districts, the greatest rise being experienced in Thetford where, largely as a result of the overspill programme, the population increased by 1,330. The other municipal borough and all the other urban districts had slight increases compared with 1965 except Wells-next-the-Sea Urban District where the estimated mid-year population has remained completely static at 2,450 since 1962.

The general statistics for 1966 show that the health of the county has continued at a satisfactory level. The death rate was slightly below the local figure for 1965 and the current national rate, with the percentage of deaths from cancer of the lung and bronchus in all cancer deaths very slightly less than during the preceding year. Both the infant mortality and the perinatal mortality rates are down slightly on last year and are well below the current rates for England and Wales.

Much time was spent on the planning of the various training centres and hostels included in the Ten-Year Plan for the development of the mental health services. A recurring problem was the difficulty in finding suitable sites. An important additional task during the year was the detailed consideration of the various aspects relating to the move of the health department to the new County Hall expected to take place early in 1968.

There were developments during 1966 in the fields of family planning and cervical cytology. Following the issue of Ministry of Health Circular 5/66, consultations were held with the Family Planning Association who established additional clinics at the local health offices in Dereham and Cromer, the Health Committee making the accommodation available free of charge and supplying essential equipment such as sterilisers and couches as well as giving a grant. Later in the year a circular on population screening for cancer of the cervix was received and a representative meeting was held in Norwich when it was decided that due to the shortage of technical staff the service in East Norfolk would initially have to be limited to certain hospital out-patients and to two smears a week from general practitioners. In the west of the county the technical staff situation was less difficult and an open weekly clinic was established at the King's Lynn Hospital. Additionally, three successful open clinics were held at the local health office in Downham Market as a joint venture of hospital and local health authorities. The hospital consultant gynaecologist was in charge of the clinic while the County Council made the premises available and organised the preliminary publicity.

There were several staff changes during the year. Dr. Irene Green retired on the 30th September after forty years' service in the county, first as Assistant Medical Officer and latterly as Assistant County Medical Officer and Medical Officer of Health to the St. Faith's & Aylsham and Forehoe & Henstead Rural District Councils. A forceful personality, Dr. Green was an articulate champion of the cause of public health, with many interests, particularly in the

field of voluntary work for the physically handicapped. We wish her a long, active and happy retirement. Dr. A. A. G. Carson, who held a "mixed" appointment in the Fakenham area, left us in March to take up a similar post in Hampshire and was succeeded by Dr. L. G. Poole. Dr. Sybil E. Cator joined the staff in April as a full-time Assistant Medical Officer and Dr. A. D. Macdonald resigned in November for an appointment in Scotland.

We were all saddened by two deaths in the department during 1966. Miss M. D. Winter died in February after a long illness. Miss Winter joined the Norfolk Nursing Federation in September, 1928, as Assistant Secretary, becoming Secretary of the Norfolk County Nursing Association in 1949 when it replaced the Federation. She was transferred to the Health Department staff in April, 1958, when the County Council became directly responsible for the provision of all domiciliary nursing services. Mr. G. S. Shepherd died in May. He joined the staff in 1942, being employed for a short period in the school health service section before transferring to the sanitary section. Miss Winter and Mr. Shepherd will be greatly missed in the department.

With the retirement of Dr. Green, the opportunity was taken of carrying out a review of the local health areas. It was decided to abolish Dr. Green's area, amalgamating St. Faith's & Aylsham Rural District with Area No. 3 (East Dereham Urban District, Mitford & Launditch Rural District) and Forehoe & Henstead Rural District with Area No. 5 (Wymondham and Diss Urban Districts, Depwade and Loddon Rural Districts). At the same time a review was carried out of the welfare staff and an Area Welfare Officer was appointed in each of the eight local health areas with the function of co-ordinating the health department welfare services within the area.

Another major change during the year was the detachment from the department of public health engineering activities and the creation of a new, separate department under the control of Mr. G. W. Curtis, the County Public Health Engineer. The detached staff had been engaged almost exclusively in designing water supply and sewerage schemes on behalf of county district councils on a repayment basis and their work had become divorced from the other functions of the health department. The Water Supplies and Sewerage Subcommittee of the Health Committee continued to deal with the work of the new department. The health department remained responsible for public health inspection duties and Mr. A. J. Allison, Senior Assistant County Public Health Officer, was promoted County Public Health Inspector.

All the county nursing services continued at their usual busy level of activity, with the staffing position at the end of the year better than it had been for a very long time although we still had eight vacancies. The ratio of domiciliary births remained at 45% of the total births with additional nursing resulting from the increase in the number of mothers discharged from hospital forty-eight hours after confinement.

The demands on the ambulance and hospital car services continued to rise. Interesting points emerging from the statistics are that less than 7% of all patients transported by ambulance were emergency cases, while nearly one half of the hospital car journeys were with one patient only, resulting in no improvement in the mileage per patient. A new ambulance transistorised radio system, with an additional aerial in north Norfolk, was installed during the year and further progress was made in the standardisation of ambulance equipment as well as vehicles.

The chiropody service was strengthened by the appointment of two chiropodists in addition to the two already on the staff. This enabled us to increase the number of patients treated, to step up the number of treatments

and to reduce the intervals between visits, particularly to urgent cases. Even with the additional staff, it became obvious by the end of the year that further appointments will soon be necessary if the legitimate chiropody needs of the homebound are to be met.

A year of increasing activity can be reported in the home help service with the service expanding steadily at the rate forecast in the Ten-Year Plan. Although the bulk of the hours of service are devoted to the needs of the elderly and the infirm, additional effort had to be applied to dealing with problem families and to other households where, for a variety of reasons, conditions had been allowed to deteriorate to such an extent that nothing short of a massive clean-up operation, often over a period of days, with a team of several home helps and one of the organisers, could rectify the position.

In conclusion, I would again express my thanks to members of the Health Committee for their continued support, and to the voluntary bodies and many others for their contribution towards the health of the community. My thanks are also due to all members of the Public Health Department for their loyal support and to the Chief Officers and staff of other County Council Departments for their helpful co-operation at all times.

A. G. SCOTT

Public Health Department,
29 Thorpe Road,
Norwich, NOR 01T.

(Tel: Norwich 22288).

August, 1967.

PUBLIC HEALTH STAFF

County Medical Officer and Principal School Medical Officer:

A. G. SCOTT, M.B., Ch.B., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:

I. C. BRANNEN, M.B., Ch.B., M.R.C.P.E., D.P.H.

Senior Medical Officers:

A. N. HUNTER, M.B., Ch.B., D.P.H.

M. W. BEAVER, M.B., B.S., D.P.H.

Senior Assistant Medical Officer:

C. H. B. LAWFIELD, M.A., M.R.C.S., L.R.C.P.

Assistant County Medical Officers and District Medical Officers of Health

A. AFNAN, L.A.H., D.P.H. (Eng.), M.D., D.L.O. (Teh.)

J. A. D. BRADFIELD, M.B., B.Ch., B.A.O., D.P.H.

A. A. G. CARSON, M.B., Ch.B., D.P.H. (to 6.3.66)

IRENE B. M. GREEN, M.D., B.S., D.P.H. (to 30.9.66)

D. F. HADMAN, M.B., B.S., D.P.H.

J. McD. HANLEY, L.R.C.P., L.R.C.S., L.R.F.P.&S., D.P.H.

G. R. HOLTBY, M.D., B.S., D.P.H., D.I.H.

C. T. JONES, M.R.C.S., L.R.C.P., D.P.H.

LYDIA McMURDO, M.R.C.S., L.R.C.P., D.P.H.

L. G. POOLE, M.B., Ch.B., D.P.H., D.T.M.&H. (from 1.7.66)

Assistant Medical Officers:

Full-time

SYBIL E. CATOR, M.B., Ch.B., (from 1.4.66)

A. D. MACDONALD, M.B., Ch.B. (to 15.11.66)

Part-time

MARGARET E. ANDERSON, M.B., Ch.B., M.R.C.O.G.

CHRISTINE R. COUPLAND, M.B., Ch.B.

G. I. DAVIES, M.D., B.S., D.P.H.

ELIZABETH M. ELLIOTT, M.B., B.Ch., B.A.O.

MOLLY GOVIER, M.B., Ch.B., D.C.H.

J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M.&H.

A. JEAN LACEY, M.B., Ch.B., D.P.H.

ROSEMARIE D. LINCOLN, M.B., B.S.

MARGARET B. PROSSER, M.B., Ch.B.

Chest Physicians:

(Joint appointments with East Anglian Regional Hospital Board)

A. H. C. COUCH, M.D., M.R.C.P., D.C.H.

G. F. BARRAN, M.D., M.R.C.S., L.R.C.P.

Chief Dental Officer:

N. J. ROWLAND, L.D.S., R.C.S. (Edin.)

Area Dental Officers:

HILDA M. CROXFORD, L.D.S., R.C.S. (Eng.)

J. W. McQUISTON, L.D.S. (Q.U.Belf.) (to 31.7.66)

J. L. TAYLOR, L.D.S., R.C.S. (Edin.)

N. H. WHITEHOUSE, L.D.S., B.Ch.D. (Leeds) (from 1.9.66)

S. H. WOONTON, L.D.S., R.C.S. (Eng.)

Dental Officers:

Full-time

EDITH P. CHURCHYARD, L.D.S., R.C.S. (Eng.)

J. H. DE MIERRE, L.D.S., R.C.S. (Eng.)

J. GEMMELL, L.D.S., R.F.P.S. (Glas.)

A. HURLEY, B.D.S. (Durham)

R. JENNINGS, B.D.S. (Durham)

P. J. PEARCE, B.D.S. (Lond.)

N. H. WHITEHOUSE, L.D.S., B.Ch.D. (Leeds) (to 31.8.66)

MARGARET WILSON, L.D.S., R.C.S. (Edin.) (from 1.2.66)

Part-time

M. G. ANSON, L.D.S., R.C.S. (Eng.)

H. E. HOVELL, L.D.S., R.C.S. (Eng.)

W. NICHOLLS, L.D.S., R.C.S. (Eng.)

Superintendent Nursing Officer and Non-Medical Supervisor of Midwives:

MISS A. DAY, S.R.N., S.R.C.N., S.C.M., H.V.Cert., Q.N.

Deputy Superintendent Nursing Officer:

MISS M. HARRIS, S.R.N., S.C.M., H.V.Cert, Q.N.

Assistant Superintendent Nursing Officers:

MISS D. M. BURRELL, S.R.N., S.C.M., H.V.Cert., Q.N.

MISS D. M. SIMMONS, S.R.N., S.C.M., H.V.Cert., Q.N.

MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.

County Public Health Inspector:

A. J. ALLISON, C.S.I.B., Meat and Food Inspector's Cert. (from 1.4.66)

Senior Assistant County Public Health Officer:

A. J. ALLISON, C.S.I.B. Meat and Food Inspector's Cert. (to 31.3.66)

Superintendent Welfare Officer:

C. J. TAYLOR, M.B.E.

Deputy Superintendent Welfare Officer:

D. R. INGHAM

Welfare Officers:

G. R. ARMSTRONG
A. BOOTHMAN
S. H. BOUGHEN
J. COWELL
S. J. DODMAN
C. J. GALLANT
V. C. HALL

E. G. HUBBARD
V. K. C. KIRBY
W. J. PEACOCK
F. L. RAY
J. W. ROWE
B. G. WESBY

Senior Home Teacher and Visitor for the Blind:

MISS H. G. BELLAMY

Home Teachers and Visitors for the Blind:

MRS. E. M. COOPER
MISS J. M. GOLDTHORPE
MISS D. H. LETHAM
MRS. M. D. NEAVE (to 31.7.66)
MRS. O. OAKLEY
MISS H. K. PAYNE
MRS. K. M. READ
MISS G. E. SNELGROVE (14.6.66 to 12.8.66)

Home Help Organiser:

MRS. E. I. SEPPINGS

Head Teachers—Junior Training Centres:

MISS T. BYLES
MISS S. J. GEE
MISS S. M. QUINSEE
MRS. N. SNUTCH

Manager—King's Lynn Adult Training Centre:

D. R. SINDALL

Mental Health Worker:

MRS. S. RAINBOW

Home Teachers for Mentally Handicapped:

MRS. F. M. CHURCHWARD
MISS J. C. CLAPSON
MISS B. I. CUMING

Chiropodists:

L. W. BATTRICK, L.Ch. (from 28.11.66)
J. F. BEVAN, M.Ch.S. (from 20.6.66)
C. FLEMING, M.Ch.S.
G. E. PENNEY, M.Ch.S.

Chief Administrative Officer:

E. W. DURRANT

County Analyst:

ERIC C. WOOD, Ph.D., A.R.C.S., F.R.I.C.

I. STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY

Acreage.. .. .	1,302,501
Population—Estimated by Registrar-General (mid-1966) ..	414,980
Estimated Product of Penny Rate for General Purposes (1966-67)	£47,419
Rateable Value for General Purposes (1st April, 1966)	£11,710,232

Live Births

Number	6,618
Rate per 1,000 population	15.95

Illegitimate Live Births (per cent of total live births)	6.36
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Still Births

Number	105
Rate per 1,000 total live and still births	15.62

Total Live and Still Births	6,723
--	-------

Infant Deaths (deaths under one year)	104
--	-----

Infant Mortality Rates

Total infant deaths per 1,000 total live births	15.71
Legitimate infant deaths per 1,000 legitimate live births ..	15.01
Illegitimate infant deaths per 1,000 illegitimate live births ..	26.13

Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	9.82
---	------

Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	8.46
---	------

Perinatal Mortality Rate (still births and deaths under one week combined per 1,000 total live and still births)	23.94
---	-------

Maternal Mortality (including abortion)

Number	1
Rate per 1,000 live and still births	0.15

Live Births

6,618 live births were registered, giving a rate of 15.95, which was a decrease of 0.65 on the previous year. With the application of the comparability factor (1.04), the resultant figure is 16.19. The national rate was 17.7.

There were 421 illegitimate live births in 1966, comprising 6.36% of all live births. This shows an increase of 0.33% on the figure for the previous year.

The distribution of births amongst the county districts is shown in Table 1.

Still Births

The still birth rate of 15.62 shows an increase of 2.78 on the previous year. The national rate was 15.4.

Infantile Mortality

There were 104 deaths of children under the age of one year. The resultant rate of 15.71 shows a decrease of 0.40 on the previous year, and is considerably lower than the national figure of 19.0.

Sixty-five deaths (62.5% of the total) occurred during the first four weeks of life and, of these, fifty-six took place during the first week.

BIRTHS AND INFANTILE MORTALITY

TABLE 1

County district					Population 30.6.66	Live births			Still-births			Deaths of infants under 1 year of age			Deaths of infants under 4 wks. of age			Deaths of infants under 1 wk. of age				
						Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total		
MUNICIPAL BOROUGHS																						
King's Lynn					28,190	455	51	506	7	1	8	7	2	9	3	1	4	3	1	4		
Thetford					9,730	248	9	257	3	—	3	6	—	6	5	—	5	4	—	4		
					37,920	703	60	763	10	1	11	13	2	15	8	1	9	7	1	8		
URBAN DISTRICTS:																						
Cromer					4,920	54	7	61	—	—	—	—	1	1	—	—	—	—	—	—		
Diss					4,140	54	3	57	2	—	2	1	—	1	1	—	1	1	—	1		
Downham Market					3,210	42	9	51	1	—	1	—	1	1	—	1	—	1	1			
East Dereham					7,880	102	10	112	2	—	2	4	1	5	2	1	3	2	1	3		
Hunstanton					4,140	51	5	56	—	—	—	1	—	1	—	—	—	—	—	—		
North Walsham					5,330	65	8	73	1	—	1	1	1	2	1	1	2	1	1	2		
Sheringham					4,920	55	2	57	—	—	—	1	—	1	—	—	—	—	—	—		
Swaffham					3,490	45	2	47	—	—	—	1	1	2	—	—	—	—	—	—		
Wells-next-the-Sea					2,450	27	—	27	1	—	1	1	—	1	—	—	—	—	—	—		
Wymondham					6,300	97	8	105	2	1	3	3	—	3	2	—	2	2	—	2		
					46,780	592	54	646	9	1	10	13	5	18	6	3	9	6	3	9		
RURAL DISTRICTS:																						
Blofield and Flegg					39,180	593	40	633	3	1	4	7	—	8	5	1	6	5	1	6		
Depwade					17,850	241	15	256	4	—	4	2	—	2	1	—	1	1	—	1		
Docking					18,160	220	19	239	4	—	4	4	—	4	3	—	3	3	—	3		
Downham					25,090	416	29	445	11	1	12	4	—	4	3	—	3	2	—	2		
Erpingham					18,880	190	17	207	4	—	4	4	—	4	2	—	2	2	—	2		
Forehoe and Henstead					30,390	489	23	512	16	1	17	7	—	7	3	—	3	2	—	2		
Freebridge Lynn					12,810	205	15	220	4	—	4	3	2	5	2	1	3	2	—	2		
Loddon					12,850	187	12	199	2	—	2	3	—	3	2	—	2	1	—	1		
Marshland					17,630	250	24	274	2	—	2	9	—	9	9	—	9	9	—	9		
Mitford and Launditch					17,870	204	16	220	1	—	1	1	—	1	—	—	—	—	—	—	—	
St. Faith's and Aylsham					52,530	876	43	919	15	—	15	10	—	10	4	—	4	3	—	3		
Smallburgh					17,700	215	13	228	1	—	1	1	1	2	1	1	2	1	—	1		
Swaffham					9,930	170	5	175	—	—	—	1	—	1	1	—	1	1	—	1		
Walsingham					19,190	297	13	310	4	—	4	5	—	5	5	—	5	4	—	4		
Wayland					20,220	349	23	372	9	1	10	6	—	6	3	—	3	3	—	3		
					330,280	4,902	307	5,209	80	4	84	67	4	71	44	3	47	39	1	40		
ADMINISTRATIVE COUNTY					414,980	6,197	421	6,618	99	6	105	93	11	104	58	7	65	52	5	57		

Perinatal Mortality

The perinatal mortality rate is defined as the number of still births and deaths in infants under one week per 1,000 total live and still births. This is a useful statistic for as well as being an index of the material standards in a community it can be taken as a measurement of obstetrical care.

The perinatal mortality rate in this county for 1966 (23.94) shows a decrease on the figure for 1965 (24.51), and is below the national rate of 26.3.

The figures compiled in this Department, with the place of birth, are given below.

Place of Birth				Still Births	Early Neo-natal Deaths	Total
Home	18	10	28
Hospital	76	44	120
General Practitioner Unit	..			9	4	13
Other and Unknown	..			—	—	—
				103	58	161

Maternal Mortality

There was one maternal death.

Deaths

During 1966 there were 4,839 deaths and the death rate (11.66) per 1,000 of the estimated population was 0.86 lower than the previous year. The application of the comparability factor of 0.84 gives a rate of 9.79 which is considerably less than the England and Wales rate of 11.7.

51.7% of the deaths were of persons seventy-five years of age or over (see Table 2).

The cancer death rate per 1,000 of the population was 2.10 and the age distribution of deaths was as follows:

	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—	Total
Males	.. 1	1	—	4	3	10	52	102	156	154	483
Females	.. —	1	2	2	3	16	37	97	111	121	390
	1	2	2	6	6	26	89	199	267	275	873

The following figures show the relation of deaths from cancer of the lung and bronchus to total cancer deaths during the last decade:

Year	Cancer death rate per 1,000 population	Lung and bronchus— % of all cancer deaths
1957	2.01	14.54
1958	1.84	16.71
1959	2.13	16.27
1960	2.04	17.37
1961	1.92	19.18
1962	2.03	18.66
1963	2.02	18.12
1964	2.16	20.69
1965	2.11	22.82
1966	2.10	22.57

There were eight deaths from tuberculosis, seven due to respiratory forms of the disease.

The following table shows, as percentages of all deaths, the deaths in various age groups during the last twenty years:

Year	Deaths by Age Groups									
	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—
1947	5.9	0.5	0.8	5.4			17.4		69.9	
1948	4.9	1.0	0.7	6.2			18.3		68.9	
1949	3.9	0.8	0.6	5.1			16.7		72.9	
1950	3.6	0.7	0.7	1.1	4.0		17.3		24.5	48.1
1951	3.5	1.0	0.8	1.4	3.5		16.5		24.3	49.0
1952	3.8	0.4	0.6	1.1	3.5		17.2		24.7	48.7
1953	3.5	0.6	0.7	1.0	4.3		17.1		24.4	48.4
1954	2.7	0.5	0.7	1.6	2.9		16.4		25.9	49.1
1955	2.4	0.4	0.5	0.9	3.1		16.8		25.7	50.2
1956	2.3	0.4	0.5	1.2	2.8		16.6		25.6	50.6
1957	2.9	0.4	0.5	1.1	2.7		17.8		24.6	50.0
1958	2.5	0.3	0.6	1.2	2.4		17.2		24.8	51.0
1959	2.5	0.4	0.6	0.8	2.7		16.5		25.2	51.3
1960	2.2	0.4	0.5	1.1	2.7		17.9		24.0	51.2
1961	2.6	0.4	0.6	0.8	2.5		16.2		23.5	53.4
1962	1.9	0.2	0.6	1.0	2.3		18.0		24.2	51.8
1963	2.1	0.3	0.4	0.8	0.8	1.8	4.9	12.7	24.2	52.0
1964	2.2	0.2	0.5	1.0	0.8	1.9	4.5	13.0	23.5	52.4
1965	2.1	0.3	0.3	0.7	0.8	1.9	4.4	13.0	25.2	51.3
1966	2.2	0.4	0.5	1.3	0.9	1.7	5.3	12.9	23.2	51.6

II. AREA ADMINISTRATION

The retirement of Dr. Irene B. M. Green as Assistant County Medical Officer and District Medical Officer of Health in Area No. 4 (St. Faith's & Aylsham and Forehoe & Henstead Rural Districts) afforded an opportunity to consider some re-organisation of the nine local health areas. It was decided, in consultation with the district councils concerned, that the St. Faith's & Aylsham Rural District should be merged with the East Dereham Urban District and the Mitford & Launditch Rural District which then comprised Area No. 3 and that the Forehoe & Henstead Rural District should be combined with the four county districts (Diss and Wymondham Urban and Depwade and Loddon Rural) in Area No. 5. Area No. 3 had always been a small area in population but when the areas were originally decided upon in 1937 the medical officer was responsible for the County Isolation Hospital at East Dereham until it was transferred to the East Anglian Regional Hospital Board in 1948.

Although the number of areas has thus been reduced from nine to eight, the local health office at East Dereham has been retained as a sub-office with the

DEATHS BY AREAS AND AGE GROUPS

TABLE 2

Cause of death	Municipal Boroughs		Urban Districts										Rural Districts														Total	Age at death													
	King's Lynn	Thetford	Cromer	Diss	Downham Market	East Dereham	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield and Flegg	Depwade	Docking	Downham	Erpingham	Forehoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mitford and Launditch	St. Faith's and Aylsham	Smallburgh	Swaffham	Walsingham		Wayland	Under 4 weeks	4 weeks and under 1 year	1—	5—	15—	25—	35—	45—	55—	65—	75—		
Tuberculosis, respiratory	—	—	1	1	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	2	—	—	—	—	7	—	—	—	—	—	—	—	1	1	2	—	1	2
Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	
Syphilitic disease	1	—	—	—	—	1	—	—	—	—	—	—	1	1	1	—	1	2	—	—	—	—	3	1	—	—	1	13	—	—	—	—	—	—	—	—	2	3	—	8	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Meningococcal infections	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other infective and parasitic diseases	1	—	—	1	—	—	—	—	—	—	1	—	—	—	—	1	—	1	—	1	—	—	—	—	1	1	—	8	—	—	—	—	—	1	—	3	2	—	1	1	
Malignant neoplasm, stomach	6	—	3	—	—	1	—	1	—	—	2	—	6	5	7	8	8	6	4	1	5	4	6	3	1	4	6	87	—	—	—	—	—	—	1	5	15	32	34		
Malignant neoplasm, lung, bronchus	16	4	2	2	2	2	2	3	3	1	1	1	19	12	9	8	10	9	7	4	8	6	28	10	7	10	11	197	—	—	—	—	—	2	5	23	60	65	42		
Malignant neoplasm, breast	4	1	2	1	1	—	2	—	2	—	1	—	2	2	2	—	5	6	6	1	1	4	16	8	—	2	4	73	—	—	—	—	—	1	6	9	17	21	19		
Malignant neoplasm, uterus	5	1	1	—	—	—	1	1	1	—	1	—	1	4	1	2	3	—	2	1	1	2	2	—	—	1	2	33	—	—	—	—	—	—	1	5	8	7	12		
Other malignant and lymphatic neoplasms	28	10	9	3	4	10	10	7	11	2	4	9	40	30	25	25	23	34	11	16	20	20	51	20	11	26	24	483	—	1	2	2	6	3	13	47	99	142	168		
Leukaemia, aleukaemia	1	1	—	1	—	—	—	—	—	1	—	—	1	2	—	1	1	—	—	2	—	1	3	1	1	—	3	20	—	—	1	2	—	1	1	3	4	6	2		
Diabetes	2	3	1	—	—	—	—	—	1	—	—	1	4	3	3	2	4	7	—	2	4	3	5	2	—	1	3	51	—	—	—	—	—	2	—	2	3	14	30		
Vascular lesions of nervous system	56	15	21	13	8	16	15	11	11	9	3	5	55	44	29	38	42	60	23	15	17	34	76	32	6	25	26	705	—	—	—	1	—	3	8	19	71	159	444		
Coronary disease, angina	84	17	14	10	12	19	14	13	14	16	5	16	76	50	58	46	55	53	29	23	22	33	109	35	15	36	40	914	—	—	—	—	—	—	13	51	168	297	385		
Hypertension with heart disease	3	—	1	—	—	3	—	1	1	—	—	1	9	1	1	4	1	1	1	2	2	6	6	1	1	1	3	50	—	—	—	—	—	—	—	1	9	15	25		
Other heart disease	21	26	6	7	1	16	2	4	22	4	4	8	149	26	12	12	33	64	8	10	12	45	84	45	6	27	18	672	—	—	—	—	1	1	6	13	34	89	528		
Other circulatory disease	8	2	5	—	2	7	3	4	—	3	—	3	23	14	8	15	9	23	3	8	9	9	16	12	3	4	8	201	—	—	—	—	1	1	2	4	17	47	129		
Influenza	1	2	1	—	—	—	—	—	—	—	—	—	5	2	—	1	1	2	2	1	—	1	3	—	—	1	1	24	—	—	—	—	1	—	1	1	—	4	17		
Pneumonia	37	3	15	5	4	11	4	6	8	2	—	8	63	17	14	14	22	26	18	5	10	15	56	16	5	6	15	405	5	16	3	4	2	4	1	5	20	60	285		
Bronchitis	13	—	4	3	1	4	2	2	2	4	2	3	19	5	6	9	7	11	7	4	6	10	26	5	5	2	12	174	—	—	—	—	—	1	1	5	20	53	94		
Other diseases of respiratory system	1	1	—	—	—	1	—	—	1	1	—	—	1	—	—	1	—	—	1	1	2	5	3	2	—	—	1	22	—	2	—	—	—	—	—	1	1	6	12		
Ulcer of stomach and duodenum	5	1	—	—	—	—	—	1	3	—	—	—	5	2	2	2	3	2	1	—	2	2	2	1	—	2	4	40	1	—	—	—	—	—	—	2	3	13	21		
Gastritis, enteritis and diarrhoea	2	—	—	1	—	1	—	—	—	—	—	—	3	1	1	—	3	3	2	—	1	3	1	—	1	3	—	26	1	1	1	—	1	—	—	1	5	8	8		
Nephritis and nephrosis	3	1	—	—	—	—	—	—	—	—	—	1	—	—	2	—	—	5	—	1	1	—	3	2	1	1	1	22	—	—	—	—	1	—	1	6	4	3	6		
Hyperplasia of prostate	2	—	—	—	—	1	—	1	—	—	2	—	2	2	—	3	2	4	—	1	1	1	5	—	1	2	2	32	—	—	—	—	—	—	—	—	2	7	23		
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	
Congenital malformations	—	3	1	—	—	1	—	—	2	—	—	—	4	—	2	1	2	2	—	1	3	1	6	1	—	3	2	35	17	6	3	2	1	1	2	1	1	1	—	—	
Other defined and ill-defined diseases	25	3	11	3	5	8	2	5	6	3	1	10	33	11	15	16	16	18	14	7	17	9	30	17	5	21	20	331	41	4	5	6	7	10	24	35	46	147			
Motor vehicle accidents	2	—	—	2	1	1	—	1	—	2	—	2	8	6	2	5	2	5	1	2	4	10	6	1	1	1	5	70	—	—	1	3	18	6	4	12	12	7	7		
All other accidents	6	4	1	1	—	2	1	1	1	2	1	1	19	7	3	—	5	6	2	2	2	3	14	3	3	4	10	104	—	9	3	3	8	7	2	7	5	11	49		
Suicide	1	—	1	1	1	—	—	1	—	—	—	—	4	2																											

main office for the enlarged area at Aspland Road, Norwich. The areas are now as follows:

Area No.	County Districts				Population
1	North Walsham Urban	5,330
	Blofield & Flegg Rural	39,180
	Smallburgh Rural	17,700
					<hr/> 62,210
2	Cromer Urban	4,920
	Sheringham Urban	4,920
	Erpingham Rural	18,880
					<hr/> 28,720
3	East Dereham Urban	7,880
	Mitford & Launditch Rural	17,870
	St. Faith's & Aylsham Rural	52,530
					<hr/> 78,280
5	Diss Urban	4,140
	Wymondham Urban	6,300
	Depwade Rural	17,850
	Forehoe & Henstead Rural	30,390
	Loddon Rural	12,850
					<hr/> 71,530
6	Thetford Municipal Borough	9,730
	Swaffham Urban	3,490
	Swaffham Rural	9,930
	Wayland Rural	20,220
					<hr/> 43,370
7	Downham Market Urban	3,210
	Downham Rural	25,090
	Marshland Rural	17,630
					<hr/> 45,930
8	Wells-next-the-Sea Urban	2,450
	Hunstanton Urban	4,140
	Docking Rural	18,160
	Walsingham Rural	19,190
					<hr/> 43,940
9	King's Lynn Municipal Borough	28,190
	Freebridge Lynn Rural	12,810
					<hr/> 41,000

The practicability of further re-organisation will be considered when other vacancies for “mixed” appointments of Assistant County Medical Officers and District Medical Officers of Health occur.

III. CARE OF MOTHERS AND YOUNG CHILDREN

Maternity Accommodation

55% of births to Norfolk mothers during 1966 were institutional, the same proportion as last year.

The Council’s midwives investigated the circumstances of 937 expectant mothers referred for hospital confinement on social grounds and 669 of these were recommended for admission. The criteria used in assessing the need for a hospital confinement have been outlined in a previous report.

A new feature of the work of domiciliary midwives has been the completion of a report on the social circumstances of patients booked for hospital confinement on medical grounds and who have been provisionally selected for discharge at forty-eight hours.

The whole question of forty-eight-hour discharges was discussed in my last annual report and policy remains unaltered with cases being accepted for nursing at home forty-eight hours after confinement in hospital provided the social circumstances are suitable and all involved are happy about the application of the procedure to individual cases.

Unmarried Mothers

Moral welfare workers employed by the Norwich and Ely Diocesan Councils have continued to follow up unmarried mothers, annual grants being paid to these organisations.

In 1966 there were 421 illegitimate live births and six illegitimate still births. 243 mothers were visited by the moral welfare workers of the Diocesan Councils but this total does not include visits carried out by workers of other religious denominations. Thirty-three mothers were admitted to mother and baby homes with some financial assistance by the County Council towards maintenance charges.

Care of Premature Infants

There were 380 premature live births in 1966 after allowing for the deduction of births in this county of non-county mothers and adding those which took place when mothers were temporarily residing outside the county. 267 were born in hospital, eighty-six were born and nursed at home or in nursing homes and twenty-seven were born at home or in a nursing home and subsequently transferred to hospital.

340 of the infants survived more than twenty-eight days, representing 89% of the total premature live births. Figures for the past ten years are shown in the following table:

Year	Total Live Births	Premature infants							
		Born alive		Born in hospital		Born at home or at nursing home		Survived 28 days	
		No.	% of total live births	No.	%	No.	%	No.	%
1957	5,905	332	5.6	169	51	163	49	272	82
1958	6,005	358	6.0	191	53	167	47	308	86
1959	5,997	344	5.7	188	55	156	45	302	88
1960	6,190	333	5.4	210	63	123	37	296	89
1961	6,362	353	5.6	217	61	136	39	308	87
1962	6,378	347	5.4	212	61	135	39	307	88
1963	6,491	376	5.8	239	64	137	36	329	88
1964	6,804	399	5.9	281	70	118	30	345	86
1965	6,766	378	5.6	288	76	90	24	323	85
1966	6,668	380	5.7	267	70	113	29	340	89

It is generally accepted that the best place for a premature infant to be born is in a hospital where there is a premature baby unit. During 1966, 70% of premature live births occurred in hospital and although the percentage has risen very slowly during the last ten years it has only kept in step with the rise in hospital confinements as a whole. The incidence of premature live births has also remained constant during the last ten years. In 1966, 5.7% of all live births were premature. There is obviously room for improvement in all the statistics.

When it is not possible to ensure that a premature infant is born in a hospital where there is a premature baby unit it is important that the infant is conveyed to such a unit as soon after birth as possible. Hospitals now have available special portable incubators which can be taken by ambulance to the home to convey the premature infant back to hospital. Queen Charlotte pattern oxygen tents which have been maintained previously by the County Health Department have not been requested for some time and at the end of the year the position was reviewed with the possibility of discontinuing their use completely.

Ante-Natal and Post-Natal Arrangements

No ante-natal or post-natal clinics are provided by the Council.

Mothercraft Classes

Mothercraft classes were held at forty centres and attendances numbered 10,233, 293 less than in 1965.

Infant Welfare Centres

Medical officers regularly attend centres where the attendance of children averages twenty-five or more per session, other centres being visited periodically.

Six centres were closed during 1966 because of small attendances and one new one was opened. The closure of certain centres, as explained in my last annual report, is being caused by population changes in rural areas and not by a decline in their popularity. Sessions averaged 208 per month at 166 centres.

The numbers of children who attended were as follows:

Born in 1966	4,930
Born in 1965	4,749
Born in 1961-64	4,891
					<hr/>
Total	14,570
					<hr/>
Total attendances	60,179
					<hr/>

The numbers of children who attended were 730 less than in 1965 and total attendances decreased by 2,599.

190 children were referred by infant welfare centre medical officers for further investigation and treatment of conditions other than minor ailments.

945 children attended centres for Service families held at six R.A.F. Stations.

Welfare Foods

The following proprietary brands are normally available under the Council's scheme and are sold at cost price plus a 10% handling charge:

Cow and Gate Full Cream	..	3/7d. per packet
Ostermilk No. 2	..	3/3d. per packet
Humanised Trufood	..	4/11d. per packet
Adexolin (Vit. A and D)	..	11d. per bottle
Virol	..	1/11d. per carton
S.M.A. (milk food)	..	6/- per packet

The amounts of these preparations ordered for distribution to local health offices during the past five years have been as follows:

Year	Cow and Gate (1 lb.)	Ostermilk No. 2 (1 lb.)	Trufood (1 lb.)	S.M.A. (1 lb.)	Adexolin (Bottles)	Virol (Cartons)
1962	21,493	93,861	809	395	7,740	3,350
1963	12,048	80,016	816	690	9,528	1,344
1964	16,608	81,960	372	888	14,856	1,668
1965	21,240	73,200	720	1,056	19,428	1,668
1966	18,000	61,152	852	2,496	17,580	1,944

The quantities of all proprietary brands of milk foods distributed during each of the past five years were as follows:

1962	120,558 packets
1963	93,570 „
1964	99,828 „
1965	96,216 „
1966	82,500 „

National Welfare foods are available from 179 distribution centres, fourteen infant welfare centres and seven local health offices. Issues during the last five years have been as follows:

Year	National Dried Milk (Tins)	Cod Liver Oil (Bottles)	A. & D. Tablets (Packets)	Orange Juice (Bottles)
1962	47,713	6,851	8,624	60,274
1963	44,305	6,316	8,231	68,111
1964	40,633	5,525	8,193	73,318
1965	36,031	5,060	7,497	76,760
1966	29,391	4,682	6,399	76,100

Total overall sales are decreasing, particularly in the case of National Welfare Foods, although the demand for vitamin supplements has been maintained at a reasonably high level.

Dental Treatment

The Chief Dental Officer reports:

“Again there was a decline in the number of mothers inspected and treated as compared with the previous year, but the number of pre-school children showed a small increase. Of the thirty-one mothers examined, all needed treatment and of the 245 pre-school children, 52% required treatment.

Dental officers attended infant welfare clinics in the course of their duties and had the opportunity of examining pre-school children at these clinics. It was hoped that dental officers might encounter a fair number of three/four-year olds accompanying mothers with young babies at these sessions but this did not prove to be the case. The limited number that did attend and receive the benefit of a dental inspection were regular visitors and not many new faces were seen.

One useful result ensued, however, and that was the contact made with the doctors, nurses and health visitors in respective areas. This has resulted in a closer working relationship between these colleagues and their dental officers. The best results were in the Diss and Wymondham districts but a more direct approach to parents of three-year-olds is needed in order to make them aware of the importance of dental care amongst this age group. It is a tragedy that the excellent facilities available at the clinics are not being utilised for these toddlers.”

Inspections, Attendances and Treatment	Children 0-4 (inclusive)	Expectant and Nursing Mothers
Number of patients given first inspections during year	245	31
Number of patients who required treatment	128	31
Number of patients who were offered treatment	116	30
First visit	130	42
Subsequent visits	114	78
Total visits	244	120
Number of additional courses of treatment other than the first course commenced during year	16	3
Number of fillings	169	60
Teeth filled	159	55
Teeth extracted	120	54
General anaesthetics given	52	2
Emergency visits by patients	17	1
Patients X-rayed	—	1
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis) ..	5	27
Teeth otherwise conserved	104	—
Number of courses of treatment completed during the year	115	29

Prosthetics

Number of dentures supplied	14
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Anaesthetics

General anaesthetics administered by dental officers	52
--	----

Nurseries and Child-Minders Regulation Act, 1948

Registrations at the end of the year and at the end of the two preceding years were as follows:

Premises	No. of premises	No. of children
1964	11	253
1965	21	510
1966	36	756

Persons	No. of persons	No. of children
1964	22	186
1965	22	250
1966	37	344

As can be seen from the above table, registrations under the provisions of this Act have continued the upward trend of recent years. During 1966 there were seventeen new registrations for premises with two cancellations and eighteen new registrations for persons with three cancellations. The playgroup movement is one that is on the increase both nationally and in this county and most of the registrations, as in previous years, were for activities coming within the definition of “playgroups”.

Family Planning

The Ministry of Health in Circular 5/66 issued early in the year urged local health authorities to review existing arrangements for family planning with a view to promoting generally, education in family planning and to extend services directly or indirectly through voluntary bodies, such as the Family Planning Association, for the benefit of women to whom pregnancy would be detrimental to health.

At the beginning of the year, clinics organised by the Family Planning Association at King’s Lynn, Thetford, Norwich and Great Yarmouth were available to Norfolk residents.

Following receipt of the circular, consultations were held with officers of the Family Planning Association and additional clinics were opened by the Association during 1966 at Cromer and East Dereham. The Health Committee also agreed to provide the Association with rent-free premises and basic equipment for a clinic at Downham Market. However, by the end of the year the Association had not been able to open this clinic because having already expanded their activities very considerably throughout the country during 1966, appeared to wish to consolidate this expansion before proceeding further.

The clinics held by the Family Planning Association in the administrative county are all on health department premises. Their accommodation is provided rent free and basic equipment, including couches, sterilisers, screens, storage cupboards and filing cabinets, is also provided.

Phenylketonuria

Health visitors have continued routine urine tests for infants at three and six weeks of age. During 1966 one case of phenylketonuria was detected on a second test at eight weeks in a boy with no family history and showing no abnormality. He was referred to the consultant paediatrician and attended the Jenny Lind Hospital on the day following the abnormal phenylketonuria test result.

Infant Methaemoglobinaemia

As in previous years, water supplies from wells and bores have been examined for nitrate content where their use was proposed for bottle-fed babies. Samples are submitted prior to the birth of the child and where the results are unsatisfactory the parents are advised to use mains water or a nearby alternative supply which on investigation is found to be satisfactory from a nitrate point of view. In sixty-five cases, advice to use an alternative source was given and in fourteen cases this necessitated sampling of supplies other than mains water.

The simplified form of examination was continued in the Public Health Department and borderline results were submitted to the Public Analyst for a more detailed examination.

No case of infant methaemoglobinaemia occurred during the year.

The following table summarises the sample examination position during the year:

Initial samples submitted by district nurses and health visitors	221
Examinations carried out in the County Public Health Department	235
Samples classified as satisfactory	170
Samples classified as unsatisfactory	65
Samples sent to the Public Analyst for a more detailed examination	11

Ascertainment of Deafness and other Abnormalities in Young Children—The “At Risk” Register

The arrangements for placing an infant on the “At Risk” register have been described in previous reports. During 1966 new administrative arrangements were brought into operation for maintaining this register. File cards are now kept on each “At Risk” infant at headquarters and at the appropriate local health office. The Assistant County Medical Officer is responsible for arranging the follow-up of the “At Risk” infants in his area and recording the findings of any examinations on the file card kept at the local health office. Health visitors when they have carried out a hearing screening test on an “At Risk” infant now notify their results directly to the local health office where the information is entered on the infant’s file card. Any necessary follow-up or referral will then be carried out by the Assistant County Medical Officer.

2,143 infants were placed on the “At Risk” register during 1966. Out of this number, seventy-two were recorded as suffering from a congenital abnormality. The breakdown of these congenital abnormalities is given below. It must be emphasised that the table relates only to congenital abnormalities detected at birth.

Talipes	22
Hydrocephalus and spina bifida	14
Cleft palate and cleft lip	9
Mongolism	7
Anencephaly	3
Congenital dislocation of hip	2
Congenital heart disease	2
Other.. .. .	<u>13</u>
Total	<u>72</u>

It is of interest to note that four of the seven children born with mongolism were born to mothers over the age of forty years.

IV. NURSING STAFF

The staffing situation at the end of the year was as follows:

	Whole-time	Part-time
<i>Supervisory Staff</i>		
Superintendent Nursing Officer	1	—
Deputy Superintendent Nursing Officer	1	—
Assistant Superintendent Nursing Officers	<u>3</u>	—
	5	—
<i>Other Staff</i>		
Midwifery only	21	2
Midwifery and home nursing	71	9
Midwifery, home nursing and health visiting	21	—
Midwifery, home nursing and school nursing	—	1
Midwifery, home nursing, health visiting and school nursing	19	—
Home nursing only	*22	4
Home nursing and school nursing	—	1
Home nursing, health visiting and school nursing	1	—
Health visiting and school nursing	35	—
School nursing only	2	—
Tuberculosis health visiting only	<u>2</u>	—
	194	17
* Includes five male nurses		

The staffing figures at the end of 1966 were the best on record with only eight vacancies as follows:

Midwifery and home nursing	4
Health visiting and school nursing	4
					<hr/>
					8
					<hr/>

Training and Refresher Courses

Four students commenced their health visitor training in 1966 with financial assistance from the County Council. Of the four students sponsored by the County Council whose training was completed during the year all were still employed by the Council at the end of the year, one as a whole-time health visitor and the others on health visiting duties combined with midwifery and home nursing. Students are not required, however, to resume or take up employment with the Council on completion of training.

Two district nurse training courses, arranged by the Council under the auspices of the Queen's Institute of District Nursing, were attended by fourteen nurses. Thirteen of these were already employed by the Council and one was employed by a neighbouring authority. Twelve were successful in passing their examinations.

Refresher courses were attended by nursing staff as follows:

For supervisors of midwives	2
For midwives	34
For health visitors	4

Houses for Midwives and Home Nurses

Four new houses built for the Council at Martham, Poringland, Dersingham and King's Lynn were completed during the year and one bungalow at Caister-on-Sea was purchased.

The housing situation at the end of the year, so far as whole-time permanent staff is concerned, was as follows:

			No. of Houses	No. of Staff
Houses owned by the Council	63	68
Houses hired by the Council	23	24
Accommodation provided by staff	62	62

Of eleven other houses owned by the Council six were unoccupied at the end of the year. Arrangements are in hand for the sale of the house at Walpole St. Peter since it is no longer required due to a revision of nursing areas. Five houses not needed by nursing staff were occupied by other officers in the employ of the County Council. Eighteen of the houses owned or hired by the Council were furnished either in whole or part.

Transport

Members of the Council's staff are normally expected to provide cars for their official duties but, in the case of midwives and home nurses, the Council is prepared to do so where the individual prefers this arrangement. Fifty County Council cars were being used by the nursing staff at the end of the year.

V. MIDWIFERY

The Council's midwifery services continue to be carried out by whole-time midwives and midwives who have home nursing or home nursing and health visiting duties. Twenty-one whole-time and one part-time staff were

employed exclusively on midwifery duties at the end of the year, together with 122 midwives (eleven of them part-time) who also undertook other nursing duties. The total whole-time equivalent was 73.46 and the ratio per 1,000 population was 0.18. A brief discussion on the problems of the domiciliary services was contained in the annual report for 1965, and the position in the county remained approximately the same during 1966.

Supervision of Midwives

The County Council is responsible for the general supervision of midwives practising within the administrative county and this duty is carried out by the Council's supervisory nursing staff, acting as non-medical supervisors. In 1966, 211 midwives gave notice of their intention to practise in the county and thirty-two ceased to practise, leaving a net figure of 185 at the end of the year (three more than at the end of 1965) as follows:

<i>Institutional</i>					
Hospitals	34
Nursing Homes	—
					— 34
<i>Domiciliary</i>					
Local health authority	149
Private practice	2
					— 151
					— 185
					—

Deliveries attended by County Council's Domiciliary Midwives

Comparative figures for the past three years are as follows:

	1964	1965	1966
Midwifery/maternity cases (doctor not present)	1,915	1,471	1,512
Maternity cases (doctor present) ..	1,483	1,574	1,269
	— 3,398	— 3,045	— 2,781

The Council's midwives paid the following visits to these cases:

	1964	1965	1966
Maternity and midwifery	63,294	50,103	45,500
Ante- and post-natal	43,289	42,789	39,230

In addition, 978 visits were paid to eighty-two cases who miscarried and 13,482 visits were made to 2,828 mothers confined in institutions and discharged before the tenth day.

Births

The number of births during the year to women normally resident in the authority's area has dropped slightly, and the table below sets out the births

notified under the Public Health Act, 1936, as adjusted by notifications transferred in or out of the area:

	1964			1965			1966		
	Domiciliary	Institutional	Total	Domiciliary	Institutional	Total	Domiciliary	Institutional	Total
LIVE BIRTHS									
Actual	3,180	1,916	5,096	3,052	2,023	5,075	2,815	2,003	4,818
Adjusted	3,168	3,513	6,681	3,043	3,678	6,721	2,806	3,755	6,561
STILL BIRTHS									
Actual	16	40	56	17	24	41	20	25	45
Adjusted	16	82	98	19	69	88	20	87	107
TOTAL									
Actual	3,196	1,956	5,152	3,069	2,047	5,116	2,835	2,028	4,853
Adjusted	3,184	3,595	6,779	3,062	3,747	6,809	2,826	3,842	6,668

VI. HEALTH VISITING

Health visiting was being carried out at the end of the year by thirty-five whole-time health visitors (including two whole-time tuberculosis health visitors) and by forty-one nurses who also undertook midwifery and/or home nursing duties. Two of the former and eleven of the latter were so employed under dispensations issued by the Ministry of Health. All the whole-time health visitors (excluding the tuberculosis health visitors) and twenty of the other staff were also acting as school nurses.

The whole-time equivalent of the health visiting staff was 44.32 excluding school nursing duties but including the two whole-time tuberculosis health visitors. This figure was an increase of 1.68 over the figure for the previous year.

The figures given below summarise the visits made by health visitors to pre-school children in 1966.

Children under age of five years visited by health visitors in 1966:

Children born in 1966	6,196
Children born in 1965	7,347
Children born in 1961-1964	14,008
Total number of children aged 0-5 years visited	..				31,925
Total number of visits made to children 0-5 years	..				123,015

In addition, health visitors visit in connection with the School Health Service, the after-care of persons discharged from hospital, the welfare of the elderly and handicapped persons generally. They also visit problem families to give advice and support.

Reference to other important aspects of their work will be found in various sections of this report, e.g., the section on the "At Risk Register" and the section on "Phenylketonuria".

VII. HOME NURSING

Twenty-two whole-time and three part-time staff were employed exclusively on home nursing duties at the end of the year, together with 123 nurses (eleven of them part-time) who also undertook other nursing duties. The whole-time equivalent was 81.85, an increase of 4.40 on last year.

Comparative figures for cases visited and visits paid in each of the last three years are:

	No. of cases			No. of visits		
	1964	1965	1966	1964	1965	1966
Medical	4,726	4,918	4,447	104,429	108,264	103,290
Surgical	1,946	1,945	2,191	37,389	37,026	42,792
Tuberculosis.. ..	21	31	23	1,770	1,494	510
Other infectious diseases	3	3	9	3	28	41
Maternal complications	69	49	68	548	406	598
Others	72	73	97	653	1,534	1,240
	<u>6,837</u>	<u>7,019</u>	<u>6,835</u>	<u>144,792</u>	<u>148,752</u>	<u>148,471</u>

98,834 visits were paid to 4,590 patients over sixty-five years of age.

1,146 patients each received more than twenty-four visits during the year.

The only figure requiring comment is the sudden fall in the number of nursing visits to patients with tuberculosis. The cause of this is obscure but is possibly due to a reduction in the number of patients requiring daily nursing care over a long period.

VIII. VACCINATION AND IMMUNISATION

As reported last year, records of vaccinations and immunisations are required only for children who have not reached their sixteenth birthday.

The majority of immunisation procedures so far as young children are concerned are carried out by the family doctor but arrangements are also made at infant welfare centres by the medical officer at the request of parents. Every effort is made by health visitors to encourage parents to have their children protected against diphtheria, whooping cough, tetanus, poliomyelitis and smallpox and to receive re-inforcing doses at appropriate intervals. Children of school age are usually given their primary and re-inforcing doses at school by the school medical officer.

The County Council supplies antigens for injection either singly or in combination (diphtheria, whooping cough and tetanus) free of charge to general medical practitioners and also distributes poliomyelitis oral vaccine supplied to all local health authorities by the Ministry of Health. Lymph for vaccination against smallpox is supplied by the Public Health Laboratory Service.

Vaccination against Smallpox

The total number of children receiving protection against smallpox has again risen and is the highest since 1962 when the demand for vaccination shot up following the outbreak of the disease in this country. The policy

advocated by the Ministry of Health is to administer this vaccine between the child's first and second birthdays and this trend has steadily continued.

Comparative figures for the last three years are given below:

Year	Under 1 year	1-4 years	5-15 years	Total	Re- vaccination
1964 ..	1,054	1,626	69*	2,749	193
1965 ..	807	2,473	147*	3,428	172
1966 ..	620	2,913	283	3,816	456

*This figure is for age group 5-14

Immunisation against Diphtheria

The figures show a small total decrease compared with those for the previous year. However, the success of the policy of encouraging parents to arrange for their children to receive a re-inforcing injection at the age of eighteen months to two years is reflected in the increase in the figures for the pre-school group.

Year	Under 1 year	Primary		Total	Re-inforcing Injections		
		1-4 years	5-14 years		1-4 years	5-14 years	Total
1964 ..	1,859	3,295	768	5,922	1,240	6,010	7,250
		1-3 years	4-15 years		1-3 years	4-15 years	
1965 ..	2,018	3,626	554	6,198	1,585	7,302	8,887
1966 ..	2,142	3,310	585	6,037	2,131	6,583	8,714

The immunity index was 73% in 1966, approximately the same as for 1965. This indication of the general level of protection against diphtheria can be calculated each year by applying the formula outlined in last year's report.

Immunisation against Whooping Cough

Protection against whooping cough is usually given in infancy by the use of triple antigen and the figures are therefore very similar to those for primary immunisation against diphtheria:

Year	Under 5 years	Over 5 years	Total
1964 ..	5,000	84	5,084
	Under 4 years	4-15 years	
1965 ..	5,598	168	5,766
1966 ..	5,421	151	5,572

Immunisation against Tetanus

Comparative figures for the last three years are as follows:

Year	Primary Immunisation		Re-inforcing injections	
	0-15 years	16 years and over	All ages	Total
1964 ..	7,377	1,377	7,238	15,992
1965 ..	7,398	Not recorded	9,851	17,249
1966 ..	6,580	Not recorded	10,722	17,302

Although primary immunisation has fallen to the lowest figure since 1959, the number of re-inforcing injections given, particularly to school children (8,567), is the highest since 1957 when immunisation against this disease was first introduced into the Council's scheme and the high level of primary protection achieved in 1960 and 1961 has therefore been re-inforced. There is, how-

ever, no room for complacency as evidenced by the five reported cases of tetanus, all male, occurring in the county during the year, of whom two died in hospital. The importance is again stressed of ensuring that protection against this dangerous disease is obtained and regularly maintained.

Vaccination against Poliomyelitis

6,784 persons under sixteen years of age completed full primary courses of vaccination during the year, of which only 127 were by injection, including sixty-four by the administration of the quadruple vaccine.

Comparative figures for the last three years are as follows:

	Primary Immunisation			Reinforcing doses		
	1964	1965	1966	1964	1965	1966
Sabin (oral) vaccine	6,294	6,137	6,657	4,628	3,922	4,612
Salk vaccine ..	225	270	127	108	70	57
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total (all ages)	6,519	6,407	6,784	4,736	3,992	4,669
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

The following table gives the number of courses of primary immunisation carried out in each of the last three years in children up to and including three years of age and those who were four years of age and over:

Year	0-3 years		4 years and over	
	Oral	Salk	Oral	Salk
1964 ..	5,196	149	1,098	76
1965 ..	5,533	241	604	29
1966 ..	6,116	112	541	15

As reported last year, oral poliomyelitis vaccine may be administered simultaneously with an injection of triple antigen and the use of quadruple vaccine has diminished. No doubt because of its ease of administration the oral vaccine has continued to provide by far the greater means of protection but the Ministry of Health, in a press notice issued in May, expressed its disquiet at the low acceptance rates for this form of protection in some districts and pointed out that by the end of 1965 only 71% of children born in 1963 and 65% of children born in 1964 had been vaccinated against poliomyelitis. (Comparative figures for the county were 74% and 65% respectively). Local health authorities were urged to make every effort to ensure that acceptance rates are maintained at a satisfactory level, particularly among children of school age.

The Ministry of Health reminded parents that vaccination is simple, harmless and gives a high degree of protection. The oral vaccine is given to the child by teaspoon or on a lump of sugar, the primary course consisting of three doses at intervals of about four to eight weeks.

Vaccination begun at six months of age is likely to be more effective than if it were begun at an earlier age, although the Ministry of Health raises no objection to the concurrent administration of oral vaccine with triple (diphtheria, tetanus, pertussis) vaccine before the age of six months. There is insufficient evidence to enable the Ministry to reach a decision on the need to offer a reinforcing dose of oral poliomyelitis vaccine in the second year of life although there is no objection to a further dose of oral vaccine being given at eighteen to twenty-one months where primary immunisation is begun before the age of six months. It is, of course, open to family doctors to give their patients this extra protection if they so wish but the Council does not require records of such vaccination.

All immunised children joining school are offered a reinforcing dose of oral vaccine and this is often given at the same time as a reinforcing dose of diphtheria and tetanus vaccine.

In a situation where a case of poliomyelitis occurs, the policy is to administer a single dose of oral vaccine to persons in the neighbourhood of the case regardless of their vaccination state.

Vaccination against Measles

Controlled trials of measles vaccines were conducted by the Medical Research Council at the request of the Ministry of Health and it has been accepted that the vaccination schedules used in the trials are effective and acceptable procedures. However, the Ministry regarded it as premature to embark on any programme of general measles vaccination and the Health Committee decided not to include vaccination against this disease in the Council's vaccination and immunisation scheme. Family doctors who wish to give individual children this protection can do so, obtaining the vaccine on prescription.

Vaccination against Anthrax

Arrangements for vaccination against anthrax for workers exposed to special risks of contracting this disease, such as those regularly handling certain imported animal hides and hair or bone, hoof and horn meal, may be made through District Medical Officers of Health who will refer any known workers in such establishments to the family doctor who would have the choice of carrying out the immunisation himself or leaving it to the medical officer to arrange.

Vaccine is obtainable free of charge from the Central Public Health Laboratory, Colindale Avenue, London, N.W.9, but no records of immunisations are required by the County Council and no fee is payable.

IX. AMBULANCE SERVICE

Ambulances

During the year the Norfolk Voluntary Agency Ambulance Committee and the County Council decided to review this service (excluding the hospital car service which is directly administered) with a view to determining long-term planning arrangements. The Honorary Ambulance Executive Officer and the Council's Administrative Ambulance Officer are jointly reporting to the various committees involved and operational arrangements in the eighteen ambulance districts are being strengthened by the addition of paid crews as necessary to reinforce voluntary standby.

In June, 1966, the Council installed a new ambulance radio control system centred upon the county control at headquarters which co-ordinates all arrangements, aided by a telephone network and the centralisation of all '999' ambulance emergency calls for the administrative county.

The policy of standardisation of ambulance vehicles is being further consolidated by the decision to standardise ambulance equipment. The present fleet of ambulances numbers twenty-eight and replacements (Bedford, Hawson semi-forward conversion, petrol engine vehicles) are being provided at the rate of four per annum.

During the year, arrangements were concluded with the Great Yarmouth County Borough to provide complete ambulance cover for the adjoining parishes of East and West Caister by the Great Yarmouth service.

The Norwich District ambulance station has been transferred to garages and adjoining premises rented from the Norwich County Borough and conveniently adjacent to the Norwich Ring Road. Negotiations are continuing for the establishment by the County Council of a purpose-built station within the grounds of the proposed new King's Lynn District Hospital to serve the King's Lynn ambulance district and to replace the existing station in hired

garages in Southgate Street, King's Lynn. Consultation is also taking place with the East Anglian Regional Hospital Board for the provision of an ambulance station at the Wayland Hospital, Attleborough.

The mileage rate used for making payments to the Norfolk Voluntary Ambulance Committee for the financial year 1966-67, based upon the ascertained running costs for the year ended 31st March, 1966, was fixed at 3/3*d.* per mile (as compared with 2/9*d.* per mile for the previous twelve months). In addition, the annual provision for vehicles and equipment replacements was fixed at £11,450.

Of the total of 22,173 patients conveyed by ambulance during the year, 3,711 (16.7%) were classified as emergency removals.

Figures relating to the use of ambulances for the last five years are as follows:

Year	Patients	Mileage	Mileage per patient
1962	15,515	362,740	23.38
1963	16,644	383,630	23.05
1964	19,242	399,002	20.73
1965	20,869	426,913	20.46
1966	22,173	458,561	20.68

Car Service

One-third of the 218 car owner-drivers enrolled in the service were licensed for public hire and during the year drivers in this category have been making representations as to the need for some adjustment of nationally prescribed car service mileage rates which have been in operation since 1st July, 1962. However, the County Councils Association stated that there was no likelihood of these rates being increased during the period of economic restraint. The rates applicable were detailed in the report for 1965.

Comparable figures of annual mileage and patients conveyed over the past five years are as follows:

Year	Patients	Mileage	Mileage per patient
1962	61,296	1,326,864	21.65
1963	66,936	1,353,576	20.22
1964	69,998	1,448,024	20.68
1965	71,567	1,589,246	22.20
1966	75,155	1,677,141	22.32

The demand upon the service continues to increase and in spite of determined efforts to co-ordinate journeys the average number of miles per patient is also increasing. An analysis of the 7,000 patients conveyed in November, 1966, showed that of the 3,350 journeys involved no less than 1,530 were with one patient only. The remaining 1,820 accounted for an average of three patients per car. While some allowance has to be made for the difficulty of co-ordinating journeys over a large rural county, late notifications of journeys are an additional complication. Furthermore, the car service controls at Norwich and King's Lynn are constantly endeavouring to resist the growing tendency on the part of the public to utilise the hospital car service as a substitute for diminishing public transport facilities.

X. PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

Chest clinics are held by Dr. Couch (East Norfolk) at Norwich, Cromer and Great Yarmouth and by Dr. Barran (West Norfolk) at King's Lynn, Dereham, Thetford, Wells and Fakenham. Two tuberculosis health visitors attend the clinics with the chest physicians and also carry out routine and follow-up visits to patients and contacts.

(a) **Incidence**

The numbers of new cases notified during the past five years are as follows:

Year	Respiratory	Non-Respiratory	Total
1962 ..	108	16	124
1963 ..	65	23	88
1964 ..	62	27	89
1965 ..	59	20	79
1966 ..	74	12	86

Although the number of new cases of respiratory disease shows an increase on the previous year, the only significant factor was a small focus of infection in one area of the county involving seven cases (four male, three female), four of whom were under eighteen years of age.

(b) **Mortality**

Mortality figures for the same period are:

Year	Respiratory	Death rate per 100,000 population	Non-Respiratory	Death rate per 100,000 population
1962 ..	12	2.9	3	0.75
1963 ..	7	1.7	2	0.5
1964 ..	6	1.5	2	0.5
1965 ..	5	1.2	—	—
1966 ..	7	1.7	1	0.2

(c) **After-Care Register**

The decrease in cases continued as shown by the numbers on the register at the end of each of the last five years:

Year	Respiratory	Non-Respiratory	Total
1962 ..	1,169	119	1,288
1963 ..	1,091	101	1,192
1964 ..	994	108	1,102
1965 ..	940	106	1,046
1966 ..	932	103	1,035

(d) **Provision of Extra Nourishment**

The scheme for the supply of free milk was discontinued for new cases as it was considered preferable to supply extra nourishment in the form of Complan to be issued in necessitous cases by the tuberculosis health visitors. However, those who had previously been receiving free milk on the recommendation of the chest physicians continued to do so where the need existed and the number of cases in this category remained at twenty-three at the end of the year.

(e) **B.C.G. Vaccination**

Particulars of children skin tested and vaccinated during the last five years are as follows:

Year	Tested	Negative	Vaccinated
1962 ..	4,213	3,250	3,192
1963 ..	4,455	3,716	3,619
1964 ..	3,632	3,204	3,164
1965 ..	4,336	3,663	3,563
1966 ..	3,658	3,074	2,996

A new method of B.C.G. vaccination with a needleless injector underwent a trial in the King's Lynn area and first impressions appear to be favourable. Reports on the use of this apparatus will be considered in detail in conjunction

with the chest physicians and, if approved, the new method will be brought into operation throughout the county and will effect a considerable saving in future costs of equipment in the way of disposable syringes and needles.

(f) Medical Arrangements for Long-Term Immigrants

The scheme introduced in January, 1965, continued to operate and arrangements were made whenever possible for cases brought to the notice of the Council to be visited by a medical officer or health visitor. Immigrants are informed of the facilities available under the health services and encouraged to register as soon as possible with a general medical practitioner. Arrangements are also made where appropriate for chest X-rays and B.C.G. vaccination. No cases of tuberculosis were notified among immigrants during the year.

Fifty-six arrivals were notified in the following categories:

Commonwealth Countries

Caribbean..	3
India	3
Pakistan	1
Other Asian	13
African	2
Other	6

Non-Commonwealth Countries

European	27
Other	1
						<hr/>
						56
						<hr/>

(g) General

The issue of shelters was discontinued during the year and arrangements were made for their disposal. The ten shelters in store were sold and the remaining nine allocated on loan were retained by the recipients either on payment of a nominal sum or free of charge, depending on the circumstances and condition of the shelters.

The British Red Cross Society's library service is available for infectious cases and the local W.R.V.S. depots supply articles of clothing for needy patients. The Friends of Kelling continue their good work on behalf of patients in providing special amenities not otherwise available.

There were no cases undergoing rehabilitation for which the Council accepted any financial responsibility.

625 members of the Council's staff, whose duties involved close contact with children, had chest X-ray examinations.

(h) Joint Report of Chest Physicians:

The chest physicians report as follows:

"Examination of the Registrar General's morbidity and mortality figures for 1966 and a comparison with those of the previous five years confirms the clinical impression that there has been no appreciable change in what must still be regarded as a largely satisfactory position when consideration is given to the virtually uncontrolled ravages of the disease in the past.

Tuberculosis has lost its position as the main adversary in diseases of the chest and has been replaced by the unsolved problems of chronic bronchitis and of lung cancer. Nonetheless the well-tried methods of the past are actively used to bring nearer the day of the final eradication of tuberculous disease. That this is still far distant is illustrated not only by the unchanged number of new cases notified but by what is a more accurate assessment of morbidity,

namely the tuberculin index, an indication of the risk of infection to children at the age of thirteen. It remains virtually unaltered at 11.2%. The prevalence of the disease in some parts of the country is swollen to some extent by the immigrant population but this is a minor factor in Norfolk and there remains as before an appreciable number of undiagnosed persons in the community forming a reservoir from which new cases arise.

Previous reports have stressed the danger of drug resistance, but it is pleasing to mention that the number of patients with resistant organisms is still very small and that the diagnosis of a case showing primary drug resistance is a rarity. This is in main due to the care with which drug regimes have been planned in this country and to the fact that the more extensive lung involvement is now found in the elderly where the evidence suggests a breakdown in immunity to an infection received many years previously rather than to one freshly acquired.

The mortality figures like those for morbidity also fail to indicate any appreciable change but it remains true that deaths are mainly confined to the elderly where a contributory disease is usually present.

Further progress is likely to be made by improving the methods of early diagnosis and by prophylactic inoculation and in this respect the increasing proportion of the population which received B.C.G. vaccination in childhood can be expected to play its part in the years ahead."

Health Education

1966 was a year of considerable progress in health education, the most notable feature being the increased requests for assistance from head teachers of schools in the county.

Health education is a service involving all the professional staff of a public health department but they need to be supported by a specialist in this field, otherwise lecturing and similar activities become onerous and excessively time-consuming burdens. A health education officer provides this need and has proved to be a valuable addition to the establishment of the Health Department.

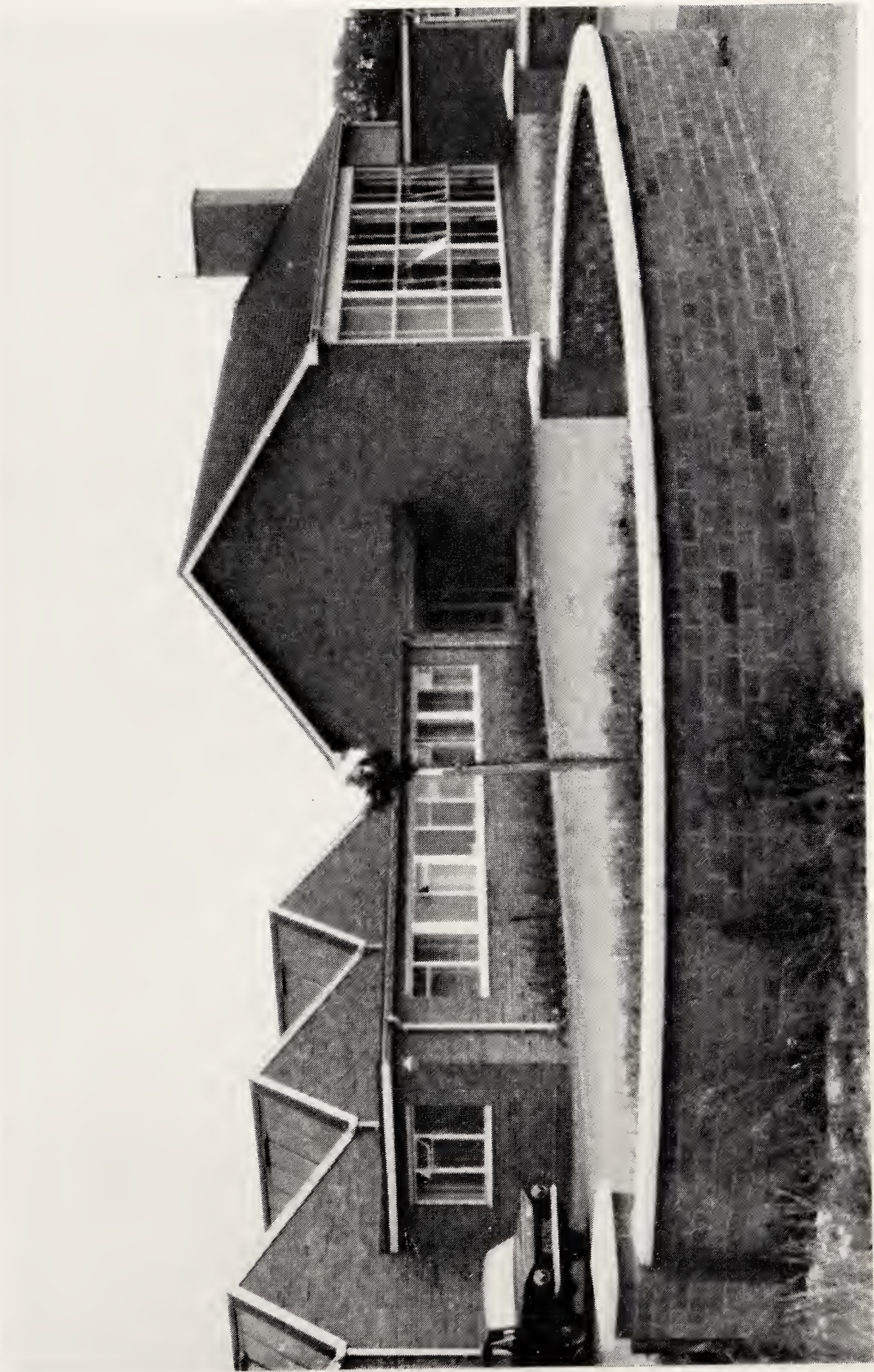
A feature of the work of the health education officer during the year was regular tutorial meetings with health visitors at various venues in the county. Health visitors are becoming engaged increasingly in health education projects of growing complexity.

During the year the health education officer arranged a number of exhibitions, one of them being at the Royal Norfolk Show on the subject of "Health and Holidays".

A health education study day was held on 9th June at the Assembly House, Norwich. The programme was as follows:

Introduction	Dr. M. W. Beaver, Senior Medical Officer, Norfolk County Council.
Cervical Cytology	Dr. D. Pratt, Medical Officer, Family Planning Association, Norwich Branch.
Water Safety	Dr. G. R. Holtby, Assistant County Medical Officer, Norfolk County Council.
Health Education	}	Miss P. J. Chadwick, Health Education Officer, Norfolk County Council.
Progress Report		
Cancer Education		
Film on Cervical Cytology				
Discussion				

KING'S LYNN COMPREHENSIVE TRAINING CENTRE



FRONT VIEW OF CENTRE



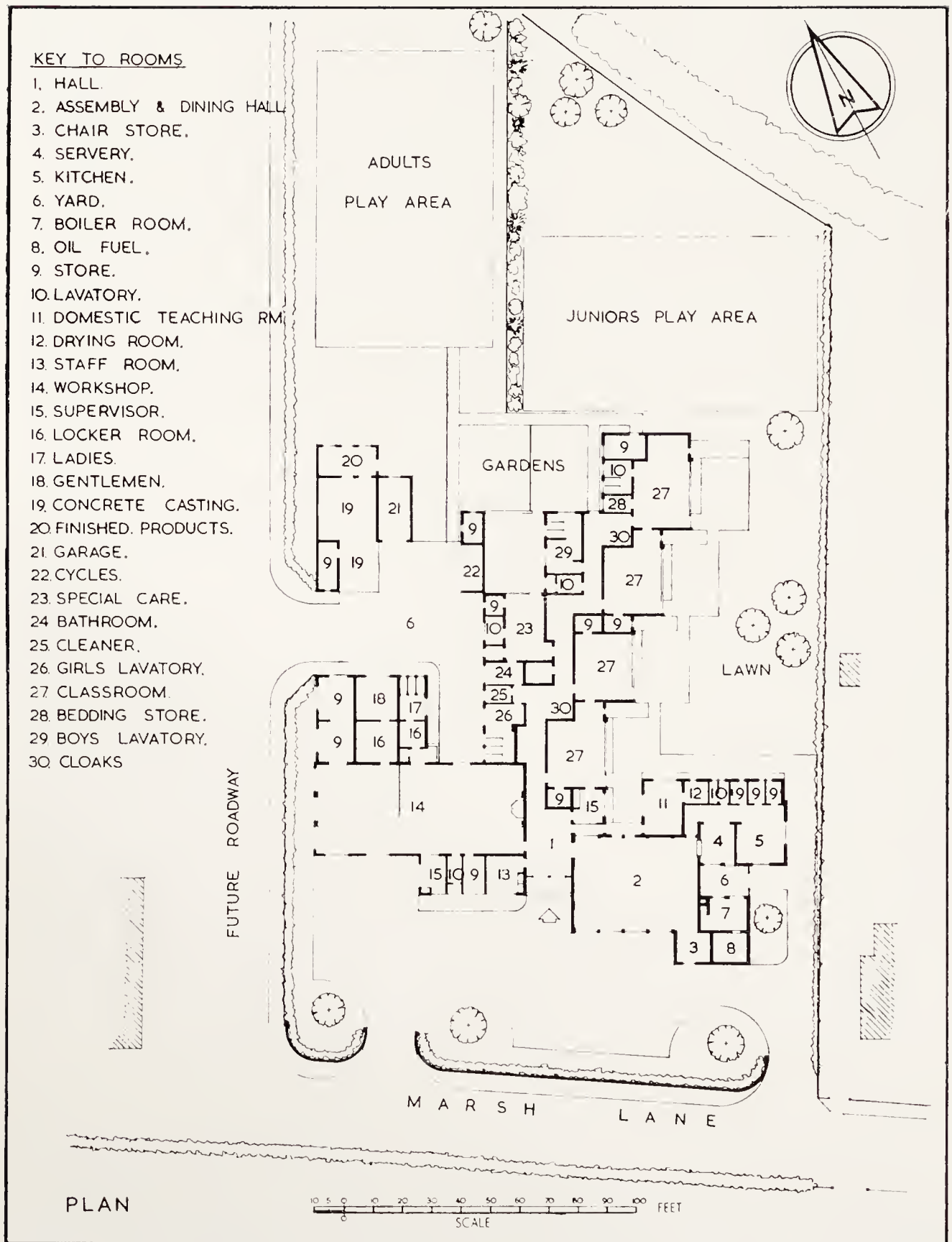
JUNIOR TRAINING CENTRE — SPECIAL CARE UNIT



ADULT TRAINING CENTRE — WORKSHOP

KEY TO ROOMS

1. HALL.
2. ASSEMBLY & DINING HALL.
3. CHAIR STORE.
4. SERVERY.
5. KITCHEN.
6. YARD.
7. BOILER ROOM.
8. OIL FUEL.
9. STORE.
10. LAVATORY.
11. DOMESTIC TEACHING RM.
12. DRYING ROOM.
13. STAFF ROOM.
14. WORKSHOP.
15. SUPERVISOR.
16. LOCKER ROOM.
17. LADIES.
18. GENTLEMEN.
19. CONCRETE CASTING.
20. FINISHED PRODUCTS.
21. GARAGE.
22. CYCLES.
23. SPECIAL CARE.
24. BATHROOM.
25. CLEANER.
26. GIRLS LAVATORY.
27. CLASSROOM.
28. BEDDING STORE.
29. BOYS LAVATORY.
30. CLOAKS.



The question of giving health education talks in infant welfare centres was explored once more. This is a difficult problem technically. It was decided that the more usual methods were unsatisfactory and that the use of recorded talks played on a tape recorder with slides projected on to daylight viewing screens offered the most fruitful field for research.

It cannot be said that health education became easier during the year. The problems associated with this service are of two kinds, organisational and technical. The first of these should respond to ordinary methods and once a pattern of work throughout the year has been established, difficulties in this field should be lessened. On the technical side of health education it seems that trials of various methods over a period of years are required before the full potential of the essentially person-to-person basis of health education is fully realised.

Venereal Disease

During the year two requests were received from treatment centres for the follow-up of patients failing to attend for courses of treatment and five contacts of American servicemen suffering from venereal disease were referred by the medical officers to trace possible sources of infection.

Returns from the Norwich, King's Lynn, Great Yarmouth and Lowestoft treatment centres relating to the attendance of new Norfolk cases were as follows (1965 figures in brackets):

Syphilis	8	(5)
Gonorrhoea	88	(77)
Other conditions	354	(283)
			<hr/> 450	<hr/> (365)

The following report for the year has been received from Dr. D. W. Higson, the physician in charge of the treatment centre at the Norfolk and Norwich Hospital:

"New cases attending the clinic of the Norfolk and Norwich Hospital numbered 694 compared to 541 in 1965. Syphilis or gonorrhoea accounted for 156 (134). Total attendances were 2,708 (2,108). These figures correspond to the trend shown by the Ministry of Health returns for those attending clinics in England and Wales.

(a) Syphilis

Two cases of infectious syphilis were treated, one a male resident in Norwich whose contact was treated elsewhere, the other a female resident in Norfolk.

Four cases of late or latent syphilis were treated, two resident in Norwich and two in Norfolk.

Four cases of congenital syphilis were treated. All were resident in Norfolk, two being under fifteen years of age.

(b) Yaws

Two West Indians received treatment for inactive yaws which had initially been treated in childhood.

(c) Gonorrhoea

New cases increased from 129 to 146. Male cases accounted for 92 (85) and female 54 (44 including child of 6).

TABLE 1. NEW CASES OF GONORRHOEA

Age		Total 1966	Male	Female	1965
Under 16	..	2	—	2	1
16-17	11	2	9	10
18-19	23	14	9	21
20-24	48	29	19	39
25 and over	..	62	47	15	57
		—	—	—	—
Total	..	146	92	54	128
		—	—	—	—

The 15-19 age group in the males increased from 14.6% of the total to 17% but the proportion in the same age group in females showed a decline from 46.5% to 37%.

Two male and two female patients failed to respond to standard treatment and required re-treatment.

Four male and one female patient were re-infected in the year under review.

TABLE 2. RESIDENCE OF NEW CASES OF GONORRHOEA

Age	Norwich		Norfolk		Suffolk		Total
	Male	Female	Male	Female	Male	Female	
Under 16	..	—	1	—	1	—	2
16-17	2	4	—	5	—	11
18-19	6	8	8	1	—	23
20-24	15	11	10	7	4	48
25 and over	..	25	9	22	6	—	62
		—	—	—	—	—	—
Total	..	48	33	40	20	4	146
		—	—	—	—	—	—

Of the fifty-four female cases, twenty-seven were single, sixteen married and eleven separated or divorced. The promiscuous female infectious pool contains the primary contacts. Accurate information is often withheld by the patient but from the history given Table 3 is compiled.

TABLE 3. FEMALE CASES OF GONORRHOEA

Age	Single		Married		Separated	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
Under 20 ..	15	3	1	—	1	—
20-24 ..	4	5	—	6	2	2
25 and over..	—	—	4	5	3	3
Total ..	27		16		11	

In addition to the primary contacts treated there remains a large promiscuous pool of female gonorrhoea as shown by Table 4.

TABLE 4. PLACE OF INFECTION OF MALES WITH GONORRHOEA

	1963	1964	1965	1966
In locality of clinic ..	70	59	48	62
Outside clinic area ..	15	11	22	29
Unknown	11	11	15	1

(d) Non-Gonococcal Urethritis

New cases numbered eighty-one (seventy). This included two cases of Reiter's Syndrome.

(e) Other Genital Conditions Requiring Treatment

New cases increased from 131 to 190. This included thirty-three cases of infestation with pediculosis pubis, fifteen male and eighteen female cases.

(f) Conditions Requiring No Treatment

Conditions requiring no treatment after screening tests increased from 206 to 265. Of these 137 were male and 128 female.

Health visitors, probation officers and social workers have been responsible for patients attending. Contact tracing is very disappointing, but routine screening of patients with social rather than medical indications produces results. Of the thirty-two patients referred from Bramerton Remand Home, one was treated for gonorrhoea and twelve required treatment for some other genital conditions."

Provision of Nursing Equipment

The agency arrangements with the Norfolk Branches of the British Red Cross Society and the St. John Ambulance Brigade have remained unchanged. 110 local depots provided the smaller items of nursing and sickroom equipment on loan, such as bed rests, bedpans, crutches and walking aids, mackintosh sheets, air rings, etc., the County Council paying the rental charges for all items loaned. Larger items such as wheelchairs and commodes are supplied on temporary loan through the central depots of the two voluntary organisations. The Council makes direct arrangements for the purchase and free loan of major items of equipment, such as hoists, to patients on a medical recommendation. Where permanent use of wheelchairs or commode chairs is required, application should be made to the Ministry of Health through the patient's family doctor.

Disposable incontinence pads continued to be provided free of charge to all domiciliary cases, wherever needed, in accordance with Ministry of Health circular 14/63 and issues increased to 75,100 compared to 50,200 in 1965. The Ministry of Health, in August, also recommended local health authorities (Circular 14/66) to provide waterproof clothing in appropriate cases and the Council's scheme was extended accordingly, forty-eight garments being issued in addition to supplies of disposable linings.

Recuperative Convalescence

The Council again made arrangements, on the recommendation of family doctors, for the attendance of persons at voluntary convalescent homes and eight persons were admitted under this scheme during the year.

The Marie Curie Memorial Foundation

Thirty patients were assisted under the area welfare scheme during the year from grants received from the Foundation.

Chiropody

The demand for the domiciliary chiropody service has continued its steady increase during the past year as shown by the following figures:

Year		Persons visited	Treatments given
1963	559	1,957
1964	931	3,639
1965	1,284	4,325
1966	1,572	6,074

Two additional state registered chiropodists were appointed during the year, Mr. J. F. Bevan from Cardiff in June and Mr. L. W. Battrick from Sheringham in November, both of whom were previously in private practice.

The interval between treatments had been reduced by the end of the year to between nine and twelve weeks, the intervals being shorter in the western half of the county owing to the considerably smaller expansion in the number of cases in that area.

With the addition of the two new chiropodists it has been possible to provide a more comprehensive service for urgent cases who are now treated at four to six weekly intervals.

A contribution of 2/6*d.* per treatment is collected by the chiropodists unless payment is excused on the grounds of financial hardship.

It is again emphasised that the domiciliary service can only be offered to homebound patients, either elderly or physically handicapped, but may be extended in approved circumstances to urgent cases where no alternative local facilities for chiropody exist, such as the group schemes arranged by old people's clubs. The Norfolk Old People's Welfare Committee, acting on behalf of the Council's Welfare Committee, co-ordinate these local group treatment schemes which provided 23,146 treatments during 1966.

Cervical Cytology

Ministry of Health Circular 18/66 "Population Screening for Cancer of the Cervix" was received during the year. The circular was accompanied by a memorandum dealing comprehensively with the organisation of a cytology service.

Towards the end of the year a meeting convened by the Norwich, Lowestoft and Great Yarmouth Hospital Management Committee was held at the Norfolk and Norwich Hospital to which were invited representatives of all interested parties. Due to the shortage of technical staff the hospital authorities were unable to give a firm date from which smears could be accepted from local authority clinics. The position at the end of the year in the east of the county was that cervical smears were being submitted to the hospital pathology department by the hospital gynaecology out-patient department, the Family Planning Association and on a restricted basis from general practitioners. In the west of the county the position was easier with a weekly open clinic at the West Norfolk and King's Lynn General Hospital for all women over the age of thirty years. The consultant gynaecologist, in co-operation with the county health department, conducted three open clinics at the local health office, Downham Market, during the latter half of the year. There was a very good response with maximum attendances at each session.

Fluoridation of Water Supplies

It was stated in the 1965 report that the County Council had decided not to approve the making of arrangements with water undertakers for the addition of fluoride to water supplies which were deficient in it naturally. This was still the position at the end of 1966.

XI. HOME HELP SERVICE

Section 29 of the National Health Service Act made it permissive for local health authorities to provide "domestic help" for households requiring such help because of illness or incapacity. Experience over the ensuing years has shown that this permissive service has become a "must" and has broadened the whole concept of this section of the Act.

In the two decades since the Act came into operation, we have learned to live longer but economic pressures and the changing social pattern make it increasingly difficult for the elderly to keep pace with the stresses and strains of modern living. Keeping their homes clean and tidy is an everyday chore which must be safeguarded if the elderly are to continue to enjoy home life as long as may be humanly possible. The careful selection of home helps and an understanding approach to the needs of the home-bound and the elderly by all concerned with the administration of the home help service is ensuring the building of a service fundamental to the general welfare of the community.

At the end of the year we were employing 868 home helps who work on a part-time basis in homes usually in the locality in which they themselves live. They "befriend" the people they assist and perform many kindly acts which have transformed domestic duties into a very worthwhile service.

During the year, the Council in its constant concern for the welfare of families with special problems decided to develop the resources of the home help service in every way possible to meet the increasing challenge of "problem families". The home help organiser and her two assistants arrange local training courses for selected home helps who are being used as required in squads to cope with difficult "clean-up" cases and to assist in the long-term rehabilitation of families which might otherwise break up with all the misery this entails and with all the problems which can arise in attempts to re-house them or to provide Part III accommodation for individual members of disintegrated family units. Transport is provided daily as necessary to convey these squads to "problem" cases. The organisers, with the welfare officers concerned with the day-to-day administration of the service, work closely with the local representatives of all other welfare services and organisations to ensure a co-ordinated approach to the special needs of individual households.

Over the past two years, twenty-four problem families have been tackled, usually involving an intensive period of home help team effort followed by a continuing home help service from selected home helps supervised by the organisers and supported by the problem family co-ordinating machinery. In three of these cases eviction was prevented by the intensive application of these resources.

Additionally, special arrangements have had to be made over the same period for some thirty-two "clean-up" cases where the need is not for specially trained home helps but for a team of anything from two to five helps for a short-term intensive cleaning operation. Even so, this frequently involves the organisers in a supervisory capacity and in the practical application of immediate remedial measures such as obtaining floor coverings, beds and bedding and the restoration of a reasonable decorative standard. In this connection, it is interesting to note that, as with the former National Assistance Board, so now with the Ministry of Social Security, their local officers are content to leave the local organisers to provide the essential replacements on their behalf.

During 1966, 1,832 of the 1,995 cases assisted were in the sickness and elderly categories which accounted for 94.6% of the total hours of service provided during the year. The average hours per week per case overall were 7.04 (as compared with 7.1 in 1965).

The Council's phased Ten-Year Plan provides for a 20% increase in this service in the financial year 1966-67 and the actual rate of development is shown in the following table:

Year	Total cases assisted	Cases being assisted at end of year	Hours of service provided	Increase in hours of service over previous year
1962	1,302	772	304,264	4.6%
1963	1,504	894	330,505	8.6%
1964	1,604	1,052	367,949	11.3%
1965	1,684	1,198	408,205	10.9%
1966	1,995	1,431	481,193	17.8%

It is hoped that it may be possible to appoint a further two female assistant organisers in the coming financial year to strengthen the organisation to meet the continuing challenge of the inevitable development of this service.

At the request of the Minister the Council has re-considered the policy of making a 5/- per week minimum charge for this service and this matter is to remain under review so as to ensure that the contributions' scale shall not give rise to any case of hardship, the Chairman of the appropriate Sub-Committee having authority to excuse contribution in any particular case of difficulty.

XII. MENTAL HEALTH SERVICE

Introduction

There was no major development during the year but much time was devoted to planning in connection with the building programme. Two notable events took place at the King's Lynn Comprehensive Training Centre which was visited by the Minister of Health, Mr. Kenneth Robinson, M.P., on the 8th July and officially opened by Mr. D. G. Page, M.P., on the 18th July.

Organisation

Since 1948 the county has been divided into nine local health areas with senior local welfare officers and assistant staff attached to each area office. All the twenty-three staff hold combined appointments as mental welfare officers and general purpose welfare officers. For some time it has been felt that the number of areas might be reduced when the opportunity occurred and the service re-organised so as to provide for the appointment of area welfare officers. On the retirement of an assistant county medical officer it was possible to undertake a partial re-organisation and the number of areas was reduced to eight. At the same time eight posts of area welfare officer were created and the duties of these officers are to include overall responsibility for the welfare services in the area, with the attachment of such general purpose welfare officers and specialised welfare officers as required.

Staff

(a) Establishment

At the time of re-organisation the need to strengthen the staff was also reviewed. A return of excess hours worked by the field welfare staff indicated that on average each officer was working three hours per week above the normal working week and this did not include stand-by duty. Apart from this, officers indicated they were unable to devote the attention needed to developing services or to plan their work to the best advantage and to meet this situation the appointment of two additional assistant local welfare officers was authorised. Consideration was also given to the fact that in a few years many of the older

experienced officers would reach the age of retirement and if qualified staff was then to be available there was an urgent need to increase the strength of trainee welfare staff. The appointment of four additional welfare assistants was therefore approved and the following is the revised staff establishment for field officers:

- 8 Area Welfare Officers.
- 1 Psychiatric Social Worker.
- 1 Mental Health Worker.
- 5 Senior Welfare Officers.
- 10 Assistant Welfare Officers.
- 6 Welfare Assistants.

It was not possible to fill the post of psychiatric social worker, which is essential if the training of staff is to be professionally directed and co-ordinated and the after-care service and case work generally developed. Further consideration is to be given to this position and the best method of obtaining the services of a senior case worker is to be reviewed.

(b) **Training**

(i) **MENTAL WELFARE OFFICERS**

In recruiting welfare assistants, persons with a good educational background are required with the right outlook and aptitude for social work. Officers are advised on appointment that they will be expected to take a two-year training course, leading to the Certificate in Social Work and to this end will be seconded on full salary with payment of 75% of course fees, examination fees and approved additional expenditure.

In appointing assistant local welfare officers more mature persons are recruited but the same general standard of education and the right approach to social work is looked for. Because of the shortage of qualified social workers it has not been possible to recruit qualified persons as assistant local welfare officers and therefore these officers are also expected to take a two-year course and are given the same facilities as welfare assistants to enable them to become qualified as soon as possible.

Two-day conferences of field staff were held in conjunction with the mental hospitals, the first being primarily concerned with employment problems and the second with the development of community services.

(ii) **TRAINING CENTRE STAFF**

Conferences of teaching staff were held in April and September. One was held at the new King's Lynn comprehensive training centre when the work of the adult centre was explained by the manager and the work of the junior centre by the head teacher. The other took place at Little Plumstead Hospital when the Kevill-Davies School was seen in operation and the work and methods of the school explained by the head master, Mr. L. T. S. Tibbs, and the head teacher, Mrs. E. Marrais. In the afternoon the home teachers and adult training centre staff saw the occupational therapy units of the hospital whilst the junior training centre teachers met to discuss teaching methods and local developments.

Staff members attended the following conferences and courses:

For Organisers and Supervisors of Junior Training Centres at Manchester—one head teacher.

Refresher Course at Wimbledon—one deputy manager and one assistant teacher.

Refresher Course at Eccles Hall, Staffordshire—four assistant teachers.

Course for Special Care Unit Staff in London—one assistant teacher.

(iii) OTHER TRAINING AND CONFERENCES

Annual Conference of the National Association for Mental Health in London—one member and one officer.

Annual Conference of the Federation of Mental Health Workers at Scarborough—three officers.

London Conference of the British Association of Social Psychiatry—one officer.

Day Conference at Cambridge of the National Society for Mentally Handicapped Children on Employment of Subnormals—two members, four teachers, four welfare officers.

Mental Illness

(a) Hospital Admissions

At the request of the Ministry of Health a survey of cases dealt with under Section 29 of the Mental Health Act was conducted for a specified period and Ministry of Health Circular 23/66 on this subject was considered by the Mental Health Sub-Committee. The use of this section has from time to time been the subject of conferences when the general feeling has been that it is often to the benefit of the patient and in a large rural county a great deal of time is saved if the admission can take place with one medical recommendation. Whilst it would appear that this may not have been the intention of the Act, the degree of urgency is not clearly defined and a mental welfare officer could be placed in a difficult position if he decided, despite the opinion of a medical practitioner, that the situation in a particular case did not justify the use of Section 29 and subsequently some adverse situation arose affecting the health or even perhaps the life of the patient. The intentions and use of this section need to be clarified and if a simple procedure for compulsory admission is felt desirable then an appropriate amendment of the Act should be introduced.

Apart from compulsory admissions, the mental welfare officers continued to assist general practitioners in considering the admission of patients and actively took part in a considerable number of informal admissions, giving advice and support to both patients and relatives in so doing.

(b) After Care

There is a steady reference of cases to the mental welfare officers for visitation, support and advice on discharge. At both mental hospitals the welfare officers are able to have discussions with the medical, nursing and social staff wherever it is necessary and a number of pre-discharge conferences are held. The further development of this type of conference is welcomed so that plans can be made in advance of discharge for providing such services as are necessary for the return of the patient to the community.

As part of the Council's after-care work, the two psychiatric social clubs continue to meet regularly at Norwich and King's Lynn. An interesting development has been the referral to the clubs of a number of patients whilst still in the hospital with the object of helping them towards discharge.

In her annual report on the work of the clubs, the mental health worker referred to the progress of some patients in the following terms:

"On the credit side we had two people start work (part-time). On the debit side two people have returned to hospital. Another member has had her husband ill for the past six or seven months and has managed with help to weather this event. This I feel is quite a triumph for us, as had this happened a couple of years ago it would have meant a lengthy spell of hospital care for her".

Subnormality

(a) Hospital Waiting List

There was some improvement during the year in the position relating to the admission of very urgent cases to hospitals for the subnormal. This was largely brought about as villas at the new Ida Darwin Hospital at Fulbourn were completed and brought into use. A number of vacancies were granted at this hospital and also at Little Plumstead Hospital as patients there were transferred to the Ida Darwin Hospital. It is hoped that during next year, as further villas are opened, the waiting list will be cleared of those cases, particularly of low-grade children who have waited for many years for hospital beds and cause much hardship and distress by their continued presence at home.

(b) Short-term Care

For many years it has been necessary to help families wherever possible by the provision of short-term care and during the year seventy-seven cases were assisted in this way, forty-five in hospital, thirty in private accommodation and two in other local authorities' hostels, no charge being made to relatives. It has in the past been possible to relieve family situations by periods of short-term care limited to three to four weeks but where the situation is acute it has become necessary to consider long-term care in private accommodation until a vacancy in a hospital does arise and during the year approval was given to the continued maintenance of two children in private accommodation.

(c) Training Centres—General

The Minister of Health, Mr. Kenneth Robinson, M.P., visited the King's Lynn Comprehensive Training Centre on the 8th July, accompanied by the Regional Officer of the Ministry, Mr. J. D. Paterson, and Dr. A. McGregor. The Chairman of the County Council, Mr. D. H. Sanderson, welcomed the Minister, who was presented to the Vice-Chairman of the County Council, Mr. F. G. Jackson, the Chairman of the Mental Health Sub-Committee, Captain E. Murray-Harvey, Mrs. J. Watson-Cook, the Clerk of the Council, Mr. F. P. Boyce, and other senior officers. The Minister, who showed great interest in the work of the centre, visited all sections and at the conclusion of his visit expressed appreciation of the work being done for subnormal persons, paying particular tribute to the enthusiasm and devotion of the training centre staff.

This centre was officially opened on the 15th July, by Mr. J. D. Page, M.P., with Mr. H. G. Foulsham, Vice-Chairman of the Health Committee, in the chair. Captain E. Murray-Harvey, Chairman of the Mental Health Sub-Committee, spoke of the work of the centre and future plans for the provision of training centres, residential accommodation and other services for the welfare of the mentally handicapped.

As in previous years, members of the Mental Health Sub-Committee visited each of the training centres during June and July, observing the day-to-day work of the centre and reviewing matters arising with the teaching and managerial staff.

The following figures show the places provided at training centres and the numbers attending:

					Attendances at 31st December		
JUNIOR CENTRES					1964	1965	1966
Attleborough	30	34	39
Holt	30	30	31
King's Lynn	66	67	65
Sprowston	60	61	67
Bury St. Edmunds	} By arrange- ment with the two authorities {				—	1	2
Great Yarmouth					—	15	13

ADULT CENTRES				Places	Attendances at 31st December		
					1964	1965	1966
King's Lynn	60	—	40	47
Great Yarmouth	}	By arrange-	ment with the	—	13	16	17
Norwich				—	40	41	55
Bury St. Edmunds				—	—	—	1
Totals		261	312	334

(d) **Junior Training Centres**

At all centres, new ideas and methods of teaching and training are being introduced resulting in marked progress in the attainments of the children.

The more interesting activities at individual centres include the following:

ATTLEBOROUGH. Regular swimming sessions are held at the local secondary modern school. As a prelude to the opening of the adult training centre, many of the older pupils go out to light horticultural work, fruit picking, etc., during the summer. A news-sheet has been introduced by the head teacher for distribution to all parents and this is also circulated to members of the Mental Health Sub-Committee.

HOLT. A week's holiday was spent at Hales House, Winterton, under arrangements made by the parent-teacher association; the major part of the cost was met by the Holt Ladies' Circle.

KING'S LYNN. The new centre gives increased scope for class room training and the more careful selection of children for the various groups. The special care unit, the first in the county, made a satisfactory start, providing care and training for severely handicapped children.

The parent/teacher association has continued to support the centre by the provision of equipment and permission was given for the use of the assembly hall for a number of their functions, including a fashion show, concert, meetings, annual dinner, etc.

SPROWSTON. Regular swimming sessions are held at the secondary modern school, Hellesdon. Social training visits are paid to various establishments in the City of Norwich, including the museum, shops, etc., the children travelling by public transport and paying their own fares.

Open days held at all centres at Christmas were well-attended by parents, relatives and friends. Handwork made by the children was on display and, where not already purchased by the family, was on sale.

The building of the extensions at the Attleborough junior training centre and the Holt junior training centre was started during the year. It is anticipated that the extensions will come into operation early in 1967, providing improved facilities including assembly hall/dining rooms, additional classrooms, etc. These improvements will meet a long-felt need and ease the strain on the staff who have had to work in inadequate and overcrowded premises.

To alleviate the overcrowding at Sprowston, a mobile classroom was installed in June, with accommodation for twenty to twenty-four pupils. This has proved extremely valuable, particularly in making possible the arrangement of smaller classes.

(e) **Adult Training Centres**

(i) **KING'S LYNN**

This centre completed its first year of operation and has functioned well. Local industry has been very co-operative in providing various types of light

assembly work and although more could be accepted there is already a considerable variety including the following:

- Pinning flower box support sticks.
- Coring bearings with rubber seals.
- Bundling raffia.
- Assembling cases for fireworks.
- Making cardboard boxes.
- Fixing tabs to electrical wiring.
- Packing felt pads in polythene cases.

In addition to this industrial and assembly work, various articles are produced at the centre for direct sale, including:

- Seed trays.
- Potato trays.
- Bulb display cases.
- Concrete slabs and ornaments.
- Various forms of fencing.
- Rose trellis.

Incentive money is paid to the trainees based on production, the amounts varying between 7/6*d.* and 15/10*d.* per week. On transfer from the junior training centre some of the less adequate children are not able to produce much at first and accordingly it was decided that the minimum incentive money of 7/6*d.* per week should apply to persons first attending the centre until the manager is satisfied with their output. At this stage they then take part in the general share of production income and are paid incentive money accordingly. The progress of the more handicapped adults has been quite remarkable and many who it was felt would not fit into the centre work at all have proved themselves to be capable of simple routine work and have made considerable social improvement.

The concrete production unit has not yet been brought into full use but to enable it to operate fully in the future all the year round it was agreed to instal heating and to increase the staff by the appointment of an additional assistant manager to be mainly occupied in this work.

Social training has included personal hygiene, learning to travel by public transport, visiting places of interest, handling money and the purchase of goods. Social activities have included a Halloween Party and Christmas Lunch.

The numbers attending the centre increased from forty to forty-seven and, as it was apparent the numbers would continue to increase, it was decided that the extensions allowed for in the original plan should be proceeded with as soon as possible and plans were prepared and submitted to the Ministry. The extensions will provide a quiet area for assembly work and increased storage space.

Following a visit by one or two members of the King's Lynn Rotary Club, it was suggested that it would be helpful if all club members could see the centre in operation but as this could only be achieved by the club holding one of its weekly lunches at the centre the Sub-Committee agreed to this being arranged. The centre staff responded enthusiastically and an excellent meal was prepared by the kitchen staff. The Rotary Club conducted the proceedings with the President, Mr. F. E. Winterton, in the chair. The Council was represented by Captain E. Murray-Harvey, Chairman of the Mental Health Sub-Committee, Mr. W. J. Panton, Mr. C. J. Utting, senior headquarters staff and the manager of the centre. The president mentioned that it was a very rare event for Rotary Clubs to lunch away from the normal headquarters but he expressed everyone's pleasure at the success of the venture. The members of the club showed great interest in the work of the centre and the visit produced a number of valuable business contacts and good publicity.

(ii) OTHER AUTHORITIES' CENTRES

By arrangement with the respective authorities, a number of adults continued to attend the adult training centres at Norwich, Great Yarmouth and Bury St. Edmunds. At Norwich the number attending increased from forty-one to fifty-five. All adults attending this centre travel by public transport but a number of feeder taxi services are provided to 'bus or railway stations.

Reports from all centres indicate a high production rate of timber, concrete and other products and assembly work for local industry. At the Norwich centre incentive payments are graduated on the basis of the ability and production of each trainee.

(f) Transport

Transport to training centres continued on the same lines as in previous years, the major part being undertaken by contractors. However, the Council now has five vehicles providing a direct service and the additional vehicle purchased during the year was allocated to the Holt centre. There are twenty-three routes to the centres and a total of 394,270 miles was travelled by contractors' vehicles and 117,875 miles by Council-owned vehicles. On the whole the transport arrangements functioned smoothly although, with increasing numbers, the administrative and organising work presents something of a problem to the small headquarters' staff in the Mental Health Section.

(g) Future Developments

A new adult training centre is to be provided at Holt for fifty to sixty persons, a new junior training centre at Catton to replace the one at Sprowston, and a new adult training centre in the Norwich area. Sites for the centres at Holt and Catton have been acquired and it is hoped building can commence during 1967.

Adult Social Clubs and Home Teaching

The general arrangements for this service continued as before. The three home teachers, each with a part-time assistant, are responsible for a defined area of the county, each organising three adult social clubs and undertaking home teaching. The adult social clubs are held regularly each week and provide an opportunity for adolescents and adults to meet together in social activities and to be trained in handwork and at the same time providing parents or relatives with at least one clear day each week for shopping, etc. The home teachers are very enthusiastic in their work and the clubs are greatly appreciated. Sales of handwork are extremely good, the amount received during the year being £589. Christmas parties and various outings are organised for club members and home teaching cases. In addition, the home teachers have for some years organised two holidays and eighty-two persons attended the first at the Denes Holiday Camp, Kessingland, and forty-three attended the second at The Pleasaunce, Overstrand. Both were very much enjoyed and, in addition to the staff already mentioned, the home teachers have a number of voluntary helpers who assist, the husband of one of the helpers giving up two weeks of his annual holiday to do so. Because of the success of these holidays and the increasing numbers it was impossible for The Denes Holiday Camp to accept a proposal that all the persons attending the Norwich adult training centre should go there with the home teachers' group in 1967. The Norwich City Authority therefore decided to organise a separate holiday for those attending the Norwich centre on the pattern already established in the county, that is for the persons attending to pay two-thirds of the cost and the local authority one-third plus the provision of transport.

Residential Accommodation

Up to the present time no residential accommodation has been provided but the Ten-Year Plan includes a number of hostels, details of which are given below with an indication as to the present position:

1. HOSTEL FOR ADULT SUBNORMALS AT KING'S LYNN FOR TWENTY-SIX PERSONS. Plans approved and building expected to commence early in 1967.
2. HOSTEL FOR TWELVE SUBNORMAL CHILDREN IN CONNECTION WITH THE SPROWSTON JUNIOR TRAINING CENTRE. Site obtained at Catton and building expected to commence in 1967.
3. HOSTEL FOR CHILDREN IN CONNECTION WITH THE KING'S LYNN CENTRE. Negotiations are under way for a site at King's Lynn and it is hoped that building will be possible during 1967.
4. HOSTEL FOR THE ELDERLY MENTALLY INFIRM. The Welfare Committee has obtained a site for this hostel at Wymondham and it is hoped to build in the year 1968.
5. HOSTEL FOR ADULT SUBNORMALS IN EAST NORFOLK. No progress. Site being sought in Norwich fringe area.
6. HOSTEL FOR MENTALLY ILL. No progress. Site being sought in the Norwich fringe area.

The need for further residential accommodation is to be the subject of review, particularly the need for hostels for discharged mentally ill persons. Up to the present time such persons have normally been accommodated in hostels run by voluntary bodies, such as the Richmond Fellowship, the Mental After-Care Association and S.O.S. Society, whilst for the elderly, transfer to Part III accommodation has been arranged wherever possible.

Another method of providing residential accommodation was approved through the payment of an additional grant to persons who obtain suitable private lodgings, to augment the Ministry of Social Security grant or earnings where they are inadequate to meet the cost of board and lodgings and reasonable personal expenses. At the end of the year one case was receiving assistance in this way and further cases will be considered as the need arises.

Another development in residential care was the opening by the Norfolk and Norwich Association for Mental Health of a small home for elderly mentally ill persons. This home opened in Norwich in October, and five women discharged from St. Andrew's Hospital were the first residents. Before discharge they had been given some training in household management at the hospital. A member of the Mental Health Sub-Committee and a senior officer are represented on the voluntary committee responsible for the home. It is understood that the association is considering setting up further small group homes which do not require residential staff and in which the persons concerned can, with some guidance, run their own affairs. The Sub-Committee has decided to make a grant in 1967 towards the first home.

Two further ventures by voluntary bodies were welcomed:

- (i) The opening by the National Society for Mentally Handicapped Children of Hales House, Winterton, as a holiday home. This home was registered for twenty-four persons and a number of groups of mentally subnormals were accommodated during the year following the official opening in June.
- (ii) The opening in June by the Elizabeth Fitzroy organisation of a nursing home for severely handicapped mentally retarded children at Meadow Cottage, Overstrand. This has already proved most useful for the provision of short-term care.

Guardianship

Three cases were discharged from order during the year and no new orders were obtained. Only six cases are now under guardianship and these received medical and social welfare visits as required. It is anticipated that guardianship may be of greater use when residential accommodation is provided but until that time the procedure has limited value as most cases can be adequately dealt with by friendly visitation.

Voluntary Bodies

Co-operation has continued with various local bodies and some details are included in the appropriate paragraphs of this section of the report. There is a greater awareness today than ever before of all aspects of mental health and the continued growth and development of voluntary bodies is most encouraging.

The parent associations and other bodies play a considerable part in providing help and support to parents and in stimulating public interest and action. In this connection the Norfolk and Norwich Association for Mental Health organised a series of public lectures on various aspects of mental health which were very well-attended and provoked considerable interest and discussion.

Registration of Residential Accommodation

The following private homes are registered for the reception of mentally disordered persons:

Crossways, Threxton	Eighteen children under ten years.
Ceres Villa, Thetford	Three children under twelve years.
Hales House, Winterton	Twenty-four persons—no age limit.
Meadow Cottage, Overstrand			
(registered as a Nursing Home)			Fifteen persons.

ANNUAL FIGURES (Where appropriate and for the purpose of comparison, figures for the year ended 31st December, 1965, are shown in brackets).

Community Care

(a) *Mentally Ill*

(i) Cases at 1.1.66	302	(284)
(ii) New cases referred	234	(236)
(iii) Cases closed during year	233	(218)
(iv) Current cases at 31.12.66	303	(302)
(v) Visits made during year:							
(1) to patients	2,152	(1,983)
(2) associated visits	458	(648)
(vi) Number attending Psychiatric Social Clubs (2)	21	(26)

(b) *Mentally Subnormal*

(i) *Number on mentally handicapped register (subnormal and severely subnormal)*

		Male	Female	Total
Guardianship cases at 1.1.66	..	6 (6)	3 (3)	9 (9)
Discharged during year	..	3 (—)	— (—)	3 (—)
New cases placed under Guardianship:				
By courts	..	— (—)	— (—)	— (—)
By applications	..	— (—)	— (—)	— (—)
TOTAL (at 31.12.66)	..	3 (6)	3 (3)	6 (9)
Cases receiving welfare visits	..	570 (551)	483 (474)	1,053 (1,025)
GRAND TOTALS	..	573 (557)	486 (477)	1,059 (1,034)

(ii) *New cases arising during year*

Notified under Section 57 of the Education Act, 1944, or referred informally under Ministry of Education Circular 12/60

Reported by Education Committee as requiring care and guidance

Other referrals

TOTALS

13 (16) 7 (8) 20 (24)

18 (19) 16 (14) 34 (33)

14 (4) 17 (9) 31 (13)

45 (39) 40 (31) 85 (70)

(iii) *Receiving Treatment*

At Junior Training Centres:

In Norfolk (4)

Outside county (2)

At Adult Training Centres:

In Norfolk (1)

Outside County (3)

Under Home Teachers (3)

At home

At adult social clubs (9)

TOTALS

128 (126) 71 (75) 199 (201)

7 (6) 8 (8) 15 (14)

27 (21) 20 (18) 47 (39)

43 (37) 30 (21) 73 (58)

11 (11) 18 (19) 29 (30)

43 (42) 78 (79) 121 (121)

259 (243) 225 (220) 484 (463)

(iv) *Awaiting attendance at*

Junior Training Centres..

6 (7) 2 (1) 8 (8)

(v) *Considered suitable for Adult Training Centres and not attending an Adult Social Club.. .. .*

14 (24) 8 (18) 22 (42)

Number of admissions dealt with by Mental Welfare Officers

(a) *Mentally Ill*

			St. Andrew's			Hellesdon			Other Hospitals			Totals
Section 25	52	(39)		18	(11)		—	(—)		70 (50)
Section 26	12	(7)		13	(3)		1	(—)		26 (10)
Section 29	76	(85)		79	(88)		—	(2)		155 (175)
Section 60	—	(1)		—	(—)		1	(—)		1 (1)
Informal	176	(189)		217	(203)		17	(14)		410 (406)
TOTALS	316	(321)		327	(305)		19	(16)		662 (642)

(b) *Subnormal*

			Little Plumstead			Other Hospitals			Total		
Section 26	—	(1)		—	(—)		—	(1)	
Section 60	2	(2)		—	(—)		2	(2)	
Informal	21	(10)		2	(2)		23	(12)	
			23	(13)		2	(2)		25	(15)	
											25 (15)

GRAND TOTAL 687 (657)

Patients already in hospital dealt with under Section 26	28	(41)
Social history reports prepared in respect of patients admitted to hospitals for the mentally ill	274	(303)

Subnormal persons admitted for short-term care

Regional Hospital Board Establishments	Male		Female		Total	
For one day (dental treatment) ..	17	(19)	8	(13)	25	(32)
For longer periods	20	(23)	25	(18)	45	(41)
Private homes	22	(26)	8	(5)	30	(31)
TOTALS	59	(68)	41	(36)	100	(104)

Number of persons on waiting list for admission to hospital

(i) Hospitals for the subnormal

		Severely subnormal				Subnormal				Total			
		M		F		M		F		M		F	
Very urgent	..	10	(23)	4	(3)	—	(—)	—	(2)	10	(23)	4	(5)
Urgent	..	17	(19)	8	(8)	2	(2)	2	(—)	19	(21)	10	(8)
Not urgent	..	16	(16)	5	(5)	3	(4)	—	(—)	19	(20)	5	(5)
TOTALS	..	43	(58)	17	(16)	5	(6)	2	(2)	48	(64)	19	(18)
Potential cases	..	14	(16)	13	(18)	3	(—)	6	(—)	17	(16)	19	(18)
		57	(74)	30	(34)	8	(6)	8	(2)	65	(80)	38	(36)
TOTALS	..	87 (108)				16 (8)				103 (116)			

(ii) Mentally ill

(The Vale Hospital, Swainsthorpe)

Male	Female	Total
1 (3)	11 (5)	12 (8)

XIII. NATIONAL ASSISTANCE ACT, 1948

Welfare of the Blind

(a) Registration

179 persons were examined by ophthalmic surgeons during the year and 103 were certified as blind, eighty-two being over seventy years of age and a further eleven over sixty years of age.

Cases on register at 1.1.66	896
New cases certified as blind	104
Inward transfers	19
	123
	1,019
Cases removed as no longer blind ..	8
Outward transfers	14
Deaths	106
	128
	891

The numbers of cases on the register at the end of each of the last five years were:

1962	937
1963	917
1964	922
1965	896
1966	891

73% of all cases on the register were sixty-five years of age and over, the same percentage as for the previous year. Sixty-seven were over ninety years of age.

(b) Employment

The numbers of registered blind persons employed at 31st December, 1966, were as follows:

				Male	Female
Norwich Institution Workshops	19	3
Norwich Institution Workshop Trainees	1	—
Home Workers	3	—
Other than sheltered employment	21	2
				—	—
				44	5
				—	—

The position with regard to employment in open industry was made difficult by the national economic situation. Fortunately no Norfolk blind persons were declared redundant as a direct result of the "freeze" but, in general, firms were not keen to take on additional staff and this hampered the Blind Persons Resettlement Officer of the Ministry of Labour and the Area Employment Officer of the Royal National Institute for the Blind in their efforts to find suitable work for blind persons.

Consultations regarding the future of the Norwich Institution for the Blind workshops, to which brief reference was made in the 1965 report, have continued with the management of the Norwich Institution and with neighbouring authorities. A factor now being taken into consideration is the decision of the Norwich Institution for the Blind to rebuild their hostel. The rebuilding plans make no provision for hostel accommodation for resident workshop employees. Representatives of the Ministry of Labour and of the Industrial Advisers to the Blind Limited are helping in the discussions.

(c) Home Teaching and Visiting

Mrs. Neave retired at the end of August and her area was taken over by Miss Goldthorpe who transferred from the Fakenham district after completing her training course and becoming a qualified home teacher. Miss Snelgrove had previously been appointed in June to cover the Fakenham area but also left in August to get married and great difficulty was experienced in finding a suitable candidate for this post which remained vacant for the rest of the year.

Visits by home teachers during the last five years have been as follows:

				1962	1963	1964	1965	1966
Registration enquiries	233	192	207	215	196
Instruction in:								
Braille	64	26	98	91	67
Moon	54	55	23	25	29
Handicrafts	706	781	864	973	739
Welfare visits	8,830	8,790	8,868	8,165	8,882
Other visits	1,821	1,994	1,899	1,777	1,649
				—	—	—	—	—
				11,708	11,838	11,959	11,246	11,562
				—	—	—	—	—

The five social centres at Diss, Fakenham, King's Lynn, North Walsham and Norwich continued their monthly meetings with the invaluable help of the voluntary car drivers and other voluntary personnel who assist the home teachers in making these socials enjoyable for the many blind persons who attend regularly. Handicraft classes were held at Dereham, Downham Market, King's Lynn and Norwich, and a new class was started during the year at Caister.

The annual blind show of horticultural and domestic produce and handicrafts was again organised jointly with the Norwich Authority at St. Andrew's Hall, Norwich.

As usual, a party of blind persons and guides, accompanied by three home teachers, spent a week's holiday at Great Yarmouth. Grateful acknowledgement is made to the management and staff of the Marine View Hotel who, each year, make every effort to ensure that this holiday is enjoyed by all concerned.

Over 600 copies of the quarterly bulletin for Norfolk blind persons, *The Closer Link*, have been regularly distributed and a limited number of braille translations circulated, together with other Braille and Moon magazines.

With effect from 1st April, the Council agreed to pay the £3 annual rental charge for talking book machines being loaned by the British Talking Book Service to registered blind and partially sighted persons. This has enabled a number of people with severely defective vision, who have hitherto been unable to afford this charge, to take advantage of the service and at the end of the year 188 machines were being used by the blind and partially sighted in Norfolk compared with 130 in 1965.

The Council has continued to distribute and maintain radios provided by the British Wireless for the Blind Fund, including personal transistor sets for bed-ridden blind persons.

Welfare of the Partially Sighted

Cases on the register at the end of each of the last five years were as follows:

1962	279
1963	284
1964	286
1965	316
1966	307

These cases are visited by the home teachers as individual circumstances require. One partially sighted man is employed in a sheltered workshop for the blind and another is training for sheltered employment.

Welfare of the Deaf, Dumb and Hard of Hearing

The number of cases on the register at the end of 1966 was 431, one less than the previous year (1965 figures in brackets):

		Children under 16		Persons aged 16-64 years		Persons aged 65 and over		Totals	
Deaf with speech	.. M.	5	(7)	44	(40)	17	(17)	131	(130)
	F.	6	(7)	45	(46)	14	(13)		
Deaf without speech	M.	6	(6)	33	(31)	11	(12)	95	(95)
	F.	2	(2)	35	(36)	8	(8)		
Hard of hearing	.. M.	28	(32)	56	(52)	16	(18)	205	(207)
	F.	16	(23)	63	(55)	26	(27)		
		63	(77)	276	(260)	92	(95)	431	(432)

The Deaf and Dumb (Norfolk and Norwich) Association provides welfare services and social facilities for the deaf and hard of hearing at its headquarters at 17 Duke Street, Norwich. In addition, social meetings are organised at King's Lynn and Great Yarmouth by the qualified missionary and his female assistant, who also spend a great deal of their time on problems relating to employment and domestic and religious matters.

Following a detailed investigation of the financial position of the Association, the Council decided to make a further increase in its annual grant from April, 1966.

Welfare of the Physically Handicapped (General Classes)

The number on the register at the end of 1966 was 1,049, an increase of seventy-one compared with the previous year (1965 figures in brackets):

Age Group	Male		Female		Total	
Under 16	3	(1)	2	(1)	5	(2)
16-64 years	363	(363)	300	(286)	663	(649)
65 years and over	196	(172)	185	(155)	381	(327)
	<hr/> 562 (536) <hr/>		<hr/> 487 (442) <hr/>		<hr/> 1,049 (978) <hr/>	

126 persons on the register are recorded as capable of ordinary employment and a further seventy-one as suitable for work under sheltered conditions.

The Norfolk branch of the British Red Cross Society and the Norfolk Association for the Care of the Handicapped provide domiciliary training in handicrafts for those who are unable to follow employment, dividing the county geographically between them for this purpose, and the Council makes a grant to each Association for this service.

Social facilities and handicraft instruction are also provided by the British Red Cross Society clubs at Aylsham, Dereham, Downham, Fakenham, Hunstanton and Sheringham and by the St. Raphael Clubs at King's Lynn, Swaffham, Thetford, Norwich and Great Yarmouth.

There was a sharp rise in the number of applications for financial assistance in connection with adaptations to premises occupied by handicapped persons, particularly for concrete paths and ramps to facilitate the use of wheelchairs or motorised vehicles supplied by the Ministry of Health and also for the provision of handrails to stairways, bathrooms, etc. Forty-eight cases were so assisted during the year compared to twenty-nine in 1965.

Special equipment such as hydraulic hoists, self-lift chairs, toilet fittings and walking aids have been purchased by the Council for issue on loan and arrangements continued to be made through the British Red Cross Society, the St. John Ambulance Brigade and the Rheumatology Unit at St. Michael's Hospital, Aylsham, for the supply of a wide range of home nursing equipment, domestic gadgets and other aids for the handicapped.

It was decided to carry out a comprehensive survey of the physically handicapped in the county to establish the need for expansion of services in three main directions:

- (i) The creation of new centres for handicrafts and social purposes.
- (ii) Increasing existing facilities for visiting.
- (iii) Adaptations to premises.

This survey should be completed by mid-1967 and the results will be analysed by computer. From these it should be possible to form a sound basis on which to decide future policy and action, to determine the financial commitments of the Council and to enable the place of the voluntary organisations to be determined to the best advantage of all concerned.

The Council provided financial assistance in ninety-five necessitous cases to enable disabled persons to take a week's holiday at holiday camps under schemes organised by the Federation of St. Raphael Clubs, the Norfolk Association for the Care of the Handicapped and the Valentine Club at Sheringham.

Car badges for disabled drivers were renewed or issued for the first time in forty-six cases and a total of 145 drivers have been issued with badges since this scheme began in 1961.

XIV. INFECTIOUS DISEASES

The notifications of infectious disease are analysed in Table 3 to illustrate their distribution throughout the municipal boroughs, urban and rural districts.

No cases of poliomyelitis or diphtheria have occurred in the county during the year and this must be attributed very largely to the effectiveness of the protective vaccines.

Whooping cough has fallen to the lowest level since 1958 and the nature of the illness continues to be mild in most cases. Some confirmatory evidence of the value of whooping cough vaccination, which has been administered to children since 1955, may be derived from the following figures:

ANNUAL AVERAGE OF NOTIFICATIONS

1950-1954	1,702
1955-1959	818
1960-1964	374

ACTUAL NOTIFICATIONS;

1965	214
1966	168

Measles notifications at 3,524 did not decrease quite as much as might have been expected in a year of biennial decline, compared with the 1965 figure of 4,958.

Dysentery was much more prevalent, rising from seventy-one in the preceding year to 412 notifications in 1966. The number of persons affected in minor degree was probably much larger but family doctors may not be consulted by patients whose symptoms are mild and of brief duration. To control the outbreaks in schools, the policy now followed is to exclude sufferers for two weeks and to allow their return to school if free of symptoms. It has been found that extensive bacteriological investigations were not contributing to the control of the disease but were in some cases resulting in a few children suffering educational loss from prolonged absence. Within each school affected a firm policy of handwashing after using the W.C. is enforced, supplemented by disinfection of W.Cs. and washbasins several times daily.

XV. ENVIRONMENTAL HYGIENE

Water Supplies and Sewerage

The County Public Health Engineer has supplied the following information :

(a) Water Supplies

The development and extension of rural water supplies throughout the county continued during the year and contributions were

NOTIFICATION OF INFECTIOUS AND OTHER DISEASES

TABLE 3

Disease	Number of cases notified																											
	Municipal Boroughs		Urban Districts										Rural districts														Totals	
	King's Lynn	Thetford	Cromer	East Dereham	Diss	Downham Market	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield and Flegg	Depwade	Docking	Downham	Erpingham	Forehoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mitford and Launditch	St. Faith's and Aylsham	Smallburgh	Swaffham	Walsingham		Wayland
Scarlet fever	—	6	—	4	1	—	—	2	2	—	—	15	15	8	1	4	2	15	1	10	3	1	15	1	5	2	5	118
Whooping cough	20	5	—	18	1	—	—	—	—	6	—	—	28	14	—	—	4	1	3	1	6	28	13	1	5	14	—	168
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	144	103	21	127	77	26	15	64	4	29	8	287	325	156	16	145	103	265	40	70	250	279	266	136	140	93	385	3,574
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute pneumonia	7	4	3	1	—	4	—	—	—	—	—	—	16	6	1	4	1	16	2	9	—	1	6	6	—	—	6	93
Dysentery	—	1	—	3	—	—	—	54	—	—	—	1	25	3	20	1	3	37	7	4	—	1	224	22	—	6	—	412
Acute encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric fever	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	1	1	—	—	5
Meningococcal infection	1	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	1	—	—	—	—	—	3	—	—	—	—	8
Food poisoning	1	—	1	—	—	—	—	—	—	—	—	—	3	1	—	—	3	1	—	2	—	—	3	1	—	1	—	17
Puerperal pyrexia	1	1	—	—	1	—	—	2	—	—	—	—	1	—	—	—	—	—	—	2	—	—	3	—	—	—	—	11
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Jaundice or infective hepatitis	—	—	—	—	—	—	—	—	—	1	—	3	3	3	—	—	—	4	2	—	—	—	1	1	2	—	—	20
Chickenpox	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Totals	175	120	26	154	80	30	15	122	6	36	8	306	418	192	39	154	117	339	55	98	260	310	535	169	153	116	396	4,429

allocated by the County Council to District Councils for the following schemes:

District Council	Scheme	Estimated Capital Cost £
Blofield and Flegg ..	Clippesby	3,000
Erpingham ..	Kelling Street and Saxthorpe	2,678
	Mundesley/Gimingham Link Main	2,675
Forehoe and Henstead ..	Flordon (revision)	7,690
	Welborne (revision) ..	7,205
	Wreningham (revision)	14,121
Loddon	Reinforcement of Water Supplies	11,600
	Chedgrave Water Extension ..	762
Mitford and Launditch ..	Sparham and Elsing	22,630
	Crowshill Shipdham Extension ..	1,605
St. Faith's and Aylsham ..	Frettenham and Horstead Extensions	1,850
Walsingham	Wood Norton (revision)	12,881

New schemes, extensions and revised schemes examined by the Water Supplies and Sewerage Sub-Committee during the year were:

District Council	Scheme
Erpingham	Extension of Mains—Southrepps and Gimingham.
Forehoe and Henstead ..	Newton Flotman Area.
Loddon	Water Main Extensions—Aldeby and Burgh St. Peter.
Mitford and Launditch ..	Central Parishes (revision)
St. Faith's and Aylsham ..	Water Main Extension—Short Thorn Road, Stratton Strawless.
Cromer	Extension of Mains to Overstrand and the Runtons.
North Walsham ..	New Source.
Swaffham Urban ..	Construction of New Water Tower
Wells-next-the-Sea ..	Water Supply.

(b) Sewerage and Sewage Disposal

During the year the County Council allocated contributions to District Councils for the following schemes:

District Council	Scheme	Estimated Capital Cost £
Blofield and Flegg ..	South Walsham	48,105
	Coastal Parishes	865,000
	Cantley	55,842
Downham	Hilgay—Stage II	76,707
Erpingham	Letheringsett (revision)	19,087
Walsingham	Melton Constable and Briston ..	158,660
Wayland	Watton Pumping Station and Sewage Disposal Works Enlargement	41,500
	Improvements to Great Ellingham Sewage Disposal Works ..	11,000
Cromer	Cromer Sewerage	45,287

New schemes, extensions and revised schemes examined by the Water Supplies and Sewerage Sub-Committee during the year were:

District Council		Scheme
Blofield and Flegg	..	South Walsham (revision). Cantley (revision). Acle. Martham.
Depwade	Ashwellthorpe and Fundenhall (revision). Harleston (revision) Enlargement of Scole Sewage Disposal Works. Forngett and Tacolneston End. Wortwell (revision).
Downham	Barton Bendish.
Erpingham	Kiln Cliffs Area, Mundesley.
Forehoe and Henstead	..	Mulbarton, Swardeston and Braconash.
Loddon	Hales. Geldeston (revision). Loddon and Chedgrave.
St. Faith's and Aylsham	..	Drayton, Taverham and Central Parishes (revision) Marsham and Enlargement of Aylsham Works (revision).
Swaffham Rural	..	Extension to Sewage Disposal Works— Weeting. Foulden.
Walsingham	Sculthorpe.
Wayland	East Harling.
East Dereham	Redevelopment and Enlargement of Existing Sewage Treatment Works.
North Walsham	..	Northfield Road Area.
Swaffham Urban	..	Flooding—Watton Road Improvement Scheme.

Milk and Dairies

(a) Specified Area Supervision

At the end of the year, 571 milk dealers were operating under licences issued by the County Council and, of these, seventy-four producer/retailers held licences for dealing in accommodation milk in addition to that produced from their own herds. Fifty-nine new licences were issued during the year, following necessary visits to ensure that arrangements for the handling, storage and distribution of milk were satisfactory. Twenty-two licences were voluntarily surrendered for cancellation.

Satisfactory liaison was maintained with the registration authorities when new applications for licences were under consideration.

Since licences are issued for the same reasons for which "registration" is required it seems that, now the processing and sale of "designated" milk under licence is obligatory over the whole county, the power of registration is no longer necessary. Its removal would resolve confusion which exists as between Food and Drugs Authorities who are responsible for licensing and those authorities responsible for registration. It would also obviate the possible overlapping of duties.

During the year the county public health inspectors continued the submission of milk samples from retail rounds over the whole of the administrative county and the following table shows the results of their examination. Void

samples were those for which no examination was carried out because of the shade temperatures exceeding 70 degrees fahrenheit during the period of storage of the samples at the laboratory.

Test	No. of examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue (Raw Milk) ..	176	141	18	17
Methylene Blue (Pasteurised milk)	634	549	17	68
Phosphatase (Pasteurised milk)	634	630	4	—
Turbidity (Sterilised milk) ..	68	68	—	—
	<hr/> 1,512 <hr/>	<hr/> 1,388 <hr/>	<hr/> 39 <hr/>	<hr/> 85 <hr/>

Raw milk failures were referred to the Ministry of Agriculture and Fisheries and Food, as necessary, as the registration and licensing authority for producer/retailers.

In addition to that retailed from the four pasteurising plants licensed by the County Council, pasteurised milk is retailed from nine pasteurising plants outside the administrative county and the above figures include 210 samples submitted from those sources.

(b) Pasteurising Plants

The four pasteurising plants licensed by the County Council continued in operation throughout the year, three employing the H.T.S.T. method and one the “Holder” process of pasteurising. Strict supervision was maintained by the county public health inspectors to ensure that all requirements of the Milk and Dairies (General) Regulations, 1959, and the Milk (Special Designation) Regulations, 1963, were complied with. Seventy-eight routine visits were made to the plants for this purpose. Where failing samples occurred, additional visits were made to trace their cause.

Fourteen complaints were received during the year of milk having been put into dirty bottles. All were investigated and in two cases warning letters were sent to the dairy managers concerned.

The following table shows the results of examinations of milk samples submitted direct from the pasteurising plants. All failures were investigated and whilst, in the case of methylene blue failures, it was not always possible to pinpoint the cause, the faults governing the phosphatase failures were traced and rectified.

Test	No. of Examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue ..	277	238	13	26
Phosphatase ..	279	276	3	—
	<hr/> 556 <hr/>	<hr/> 514 <hr/>	<hr/> 16 <hr/>	<hr/> 26 <hr/>

(c) Sterilised Milk

There is no sterilised milk processing plant in the county but, as shown in the preceding tables, samples of sterilised milk sold in the county are submitted to the turbidity test as a matter of routine.

(d) Ultra Heat Treated Milk

The Milk (Special Designation) (Amendment) Regulations, 1965, govern the processing and sale under licence of ultra heat treated milk. There are no licensed processing plants in the county but four dealers were licensed towards

the end of the year to sell this milk. Minimal quantities only were sold but there are indications that the sales may be heavier next year particularly in the Broads and coastal holiday areas.

Discussions ensued with the Director of the Norwich Public Health Laboratory for the reception and examination of samples submitted by the county public health inspectors.

(e) *Brucella Abortus*

During the year each of the seventy-four herds in the county from which milk is retailed raw was sampled quarterly and these, with samples submitted from incoming supplies at the milk depots, totalled 610. The samples were submitted for direct culture and biological examinations at the Norwich Public Health Laboratory. 579 samples were negative, eighteen examinations were inconclusive due to the premature death of the guinea pigs, and thirteen samples (2.19%) were positive. 129 individual cow samples were submitted of which seventeen (13.17%) were found to be positive on either direct culture or biological examination.

Throughout all investigations of this nature the full co-operation of the Medical Director of the Public Health Laboratory and of the producers concerned was given.

All necessary liaison was maintained with the district medical officers of health and restriction notices as necessary were served by them under the Milk and Dairies (General) Regulations, 1959.

Circular 17/66 issued by the Ministry of Health in October, suggested, inter alia, that herd samples of all milk which is to be sold as "untreated" milk should be taken at regular intervals, preferably at least monthly, and examined by the ring test. This suggestion necessitated consideration of increasing the sampling staff and of altering the methods of operation and increasing the staff of the public health laboratory. These matters had not been resolved by the end of the year.

(f) Antibiotics in Milk

During routine sampling for all other purposes, 720 herd bulk samples were submitted to the Ipswich Public Health Laboratory for examination for the presence of antibiotics or other inhibitory substances. Five (0.69%) were found positive and investigations at the farms concerned were coupled with any necessary warnings for withholding the milk from cows during treatment.

Food Inspections

In addition to work carried out at schools and recorded in my report as Principal School Medical Officer, forty visits were made by the public health inspectors to County Homes and Hostels and Children's Homes. At each visit regard was had to the requirements of the Food Hygiene Regulations and any necessary recommendations were made to the appropriate department of the County Council.

Ice Cream

Samples of ice cream are submitted to the Public Health Laboratory by the district public health inspectors and, during the year, from the twenty-seven local authority districts in the county fourteen districts submitted 252 samples.

In my view the sampling of ice cream for bacteriological examination is important and it is, to say the least, unfortunate that, as reported last year, of the thirteen local authorities from which samples were not submitted many have responsibility for areas in which there are large influxes of holiday population and where supplies other than those from the large national manufacturers may be involved.

The following table shows the sampling position in the county:

Results of Examinations

Local Authorities	Grade				Totals
	I	II	III	IV	
RURAL DISTRICT COUNCILS					
Blofield and Flegg ..	63	10	5	1	79
Depwade	28	2	1	—	31
Docking	—	—	—	—	—
Downham	—	—	—	—	—
Erpingham	2	1	—	—	3
Forehoe and Henstead ..	—	—	—	—	—
Freebridge Lynn ..	12	2	—	—	14
Loddon	12	—	—	—	12
Marshland.. .. .	—	—	—	—	—
Mitford and Launditch ..	—	—	—	—	—
St. Faith's and Aylsham ..	—	—	—	—	—
Smallburgh	—	—	—	—	—
Swaffham	19	5	—	—	24
Walsingham	10	—	—	—	10
Wayland	—	—	—	—	—
URBAN DISTRICT COUNCILS					
Cromer	—	—	—	—	—
Diss	—	—	—	—	—
Downham Market ..	—	—	—	—	—
East Dereham	8	—	—	—	8
Hunstanton	4	1	—	—	5
North Walsham	9	—	—	—	9
Sheringham	8	—	—	—	8
Swaffham	4	2	—	—	6
Wells	—	—	—	—	—
Wymondham	—	—	—	—	—
MUNICIPAL BOROUGH;					
King's Lynn	21	11	7	1	40
Thetford	1	2	—	—	3
	201	36	13	2	252

Planning Applications

Eight local authorities submitted applications for the use of sites for the disposal of refuse by tipping. In each case the site was visited in company with the district council's public health inspector and agreed conditions were incorporated in the subsequent planning consents. Sites are re-inspected from time to time to ensure that the conditions are being observed. It has been noted that sites are in use which are not the subject of planning consents and it is these particularly that attract indiscriminate tipping by members of the public resulting in unsightly conditions. Because of their often isolated positions it is difficult to state categorically that the conditions present a public health nuisance.

Four planning applications were received for the use of land as burial grounds and visits were made before approval was given to ensure that the health of the public would not be at risk.

One proposal to establish a beef production unit to incorporate housing and office accommodation was investigated and approval given subject to certain points being observed.

Proposals to establish a new veterinary hospital, to erect two public conveniences and a private hotel and to extend two sewage disposal plants were also investigated and suitable recommendations made.

Housing and Sanitary Complaints

The following gives the number of complaints received and investigated:

Overcrowding	4
Drainage	2
Nuisance from rats, etc.	1
Water supplies	4
Dampness in housing	5
Insanitary housing	2
Car dumping	1
Nuisance from refuse tip	1
General nuisances and complaints	8
						—
						28
						—

Miscellaneous Duties

During the year regular talks were given by the County Public Health Inspector on "The Work of the Public Health Inspector" to nurses taking district training courses for the examination of the Queen's Institute of District Nursing. Other talks on food hygiene were given to hospital staff and schools.

A number of recommendations from district nurses for rehousing families in their areas and some twenty miscellaneous complaints were investigated with the respective district medical officers of health and senior public health inspectors.

New Housing

The following table shows the number of new permanent dwellings completed during the current year and is taken from the Local Housing Statistics issued by the Ministry of Housing and Local Government.

Total permanent dwellings completed in 1966

Local Authority Area	Local Authorities	Private Owners	Total
MUNICIPAL BOROUGHs			
King's Lynn	549	32	581
Thetford	313	108	421
URBAN DISTRICTS			
Cromer	4	28	32
Diss	34	28	62
Downham Market	—	42	42
East Dereham	54	45	99
Hunstanton	—	26	26
North Walsham	2	57	59
Sheringham	6	16	22
Swaffham	4	75	79
Wells-next-the-Sea	—	14	14
Wymondham	2	123	125
RURAL DISTRICTS			
Blofield and Flegg	97	678	775
Depwade	32	197	229
Docking	16	67	83
Downham	41	162	203
Erpingham	32	163	195
Forehoe and Henstead	35	354	389
Freebridge Lynn	8	120	128
Loddon	12	116	128
Marshland	20	80	100
Mitford and Launditch	61	72	133
St. Faith's and Aylsham	6	633	639
Smallburgh	23	232	255
Swaffham	26	87	113
Walsingham	2	55	57
Wayland	5	146	151
TOTALS	1,384	3,756	5,140

XVI. MISCELLANEOUS

Registration of Nursing Homes

	Number of Homes	Number of beds provided		
		Maternity	Other	Totals
Homes first registered during year	1	—	15	15
Homes whose registrations were withdrawn during year	1	5	9	14
Homes on the register at end of year	23	7	381	388

All the homes are visited at regular intervals by the headquarters medical and nursing staff.

There is no delegation of powers and duties to county district councils.

Laboratory Examinations

The Norwich Public Health Laboratory continued to provide facilities for the examination of specimens submitted by general medical practitioners for the diagnosis of infectious diseases and for those sent by the County Council's medical staff in connection with the prevention and control of infectious diseases and the examination of staff for superannuation and other purposes.

The following samples were submitted by the department's staff and by the public health inspectors of the county district councils:

Water (bacteriological examination)	73
Milk (bulk samples for biological examination) ..	610
Milk (individual cow samples for brucella abortus examination)	129
Milk (methylene blue examination)	1,394
Milk (phosphatase examination)	1,218
Milk (turbidity examination)	68
Milk (antibiotics examination—Ipswich Laboratory)	720

Samples submitted by District Public Health Inspectors:

Ice Cream (methylene blue examination)	201
Water (bacteriological examination)	2,278

Other samples which were submitted by County Council staff were examined by the Public Analyst as follows:

Water (nitrate estimation)	11
Other examinations	10

Medical Examinations

The following examinations were carried out by the medical staff of the Health Department:

For superannuation purposes	594
Candidates for entry to the Norfolk Fire Service ..	41
Candidates for Colleges of Education and entrants to the teaching profession	341
School canteen workers (non-superannuable) ..	231
School road crossing patrols (non-superannuable) ..	44
Allocation/commutation of part pension	1
Fire Service pensioners	6
	<hr/>
	1,258
	<hr/>

The Department was consulted on medical aspects of twenty County Council employees who were no longer capable of discharging their duties and forty cases of prolonged absences of staff through sickness.

Fifteen applicants for driving licences, whose fitness was in doubt, were referred by the Local Taxation Officer for advice.

An additional thirty-five medical examinations were undertaken on behalf of other authorities.